

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Adams

Died at Smithsburg

Date of death 1900 Month March Day 4

Sex male Color or Race white

Occupation Retired Farmer

Married, Single or Widowed Widower Name of Wife or Husband

Father's Name Jacob Adams

Mother's Maiden Name not known Sallie Adams

Name of person giving Information John H. Rother

CERTIFICATE OF DEATH

MARYLAND

County Washington Co

Years Months Days

Age about 83

Birth-place Beaver Creek

Where Residing if not at place of death Smithsburg

Elizabeth Adams

Father's Birthplace not known

Mother's Birthplace not known

How related to deceased Son-in-law

CAUSES OF DEATH

Primary

General Debility

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

Yes

154

How long

4 months

How long

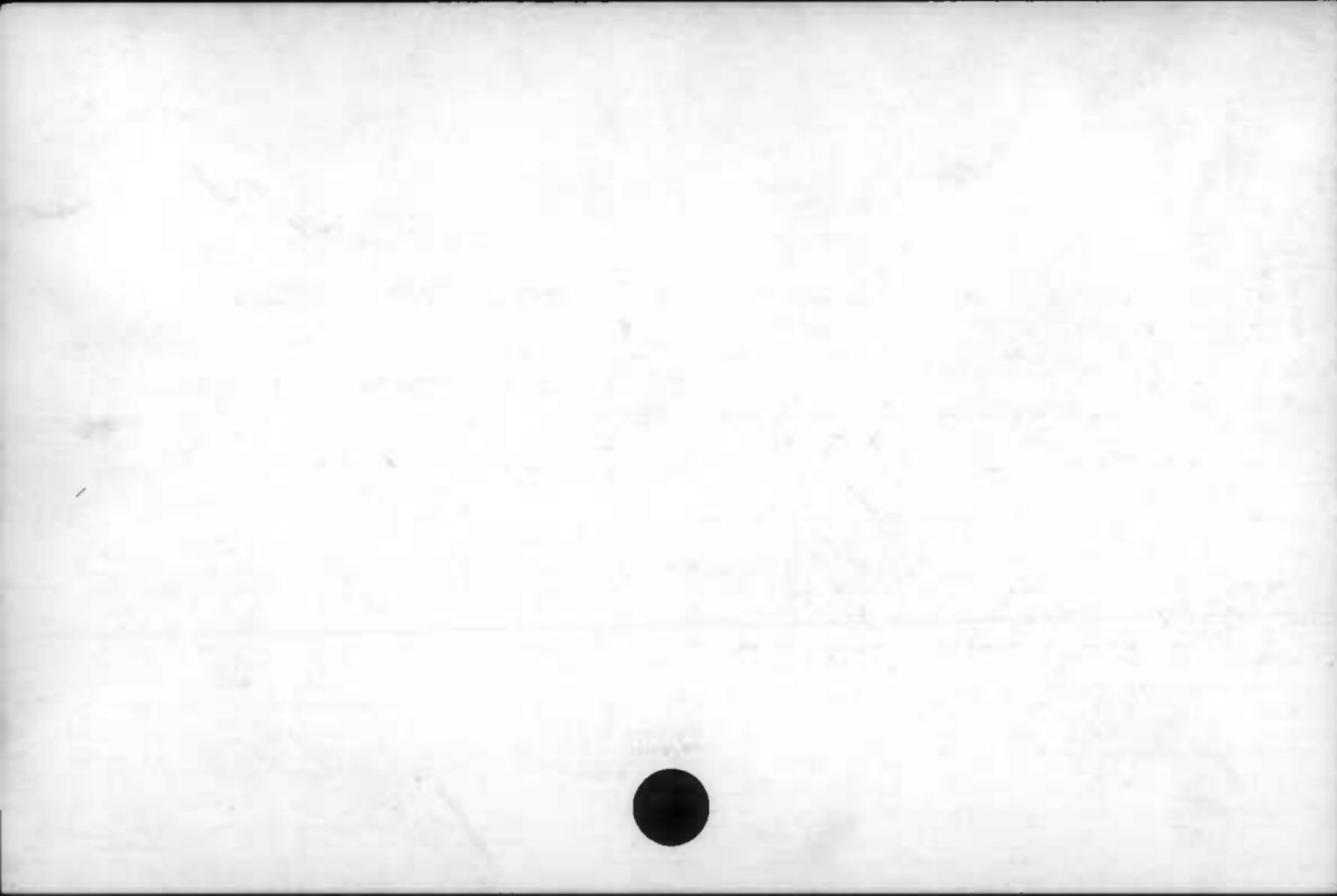
"

Signature of Physician

Address

Dr. W. Kefauver  
Smithsburg Maryland.

Accident or Suicide



Name  
in  
Full

Annie Alexander

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Hagerstown County Washington  
Town Month Day Years Months Days  
Date of death 1900 3 10 Age 66  
Sex Female Color or Race white Birthplace Md  
Occupation House wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Charles Alexander  
Father's Name John W Boswell Father's Birthplace France  
Mother's Maiden Name Rebecca Feighy Mother's Birthplace Md  
Name of person giving information Charles Alexander How related to deceased Husband

PHYSICIAN  
OR CORONER

Preliminary

Chronic Myocarditis with fibroid degeneration Perhaps years

Immediate

Cardiac failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

79

How long

How long

1 month

J. M. Taggart  
Baltimore Md

I

Accident or Suicide

MD

J. M. Wattkins

Name  
in  
Full

Ernest Mason Ankeney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Charlton	Town	County	MARYLAND
Date of death	1906	Month	Day	Years Months Days
Sex	Male	Color or Race	Age	8 21
Occupation		Where Residing if not at place of death		
Married, Single or Widowed	—	Name of Wife or Husband		
Father's Name	Howard Ankeney	Father's Birthplace	Ind	
Mother's Maiden Name	Ella M Davis	Mother's Birthplace	"	
Name of person giving Information	Howard Ankeney	How related to deceased	Father	

CAUSES OF DEATH

Primary Whooping Cough

(8) ✓

How long  
10 days

Immediate Bronchitis Pneumonia

How long  
4 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. J. Perry  
Clearspring Ind

Accident or Suicide

Brown June 18 1909

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Gertrude Arding er

CERTIFICATE OF DEATH

MARYLAND

Died at Town County  
Williamsport Washington

Date Month Day Years Months Days  
of death 1960 March 13 - -

Sex Female Color or Race white Birth-place Williamsport MD

Occupation -

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married Name of Wife or Husband Rabt C Arding er

Father's Name

Rabt C Arding er

Father's Birthplace

Williamsport MD

Mother's Maiden Name

Margaret a Castle

Mother's Birthplace

Williamsport MD

Name of person giving  
Information

Rabt C Arding er.

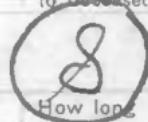
How related  
to deceased

Parents

CAUSES OF DEATH

Primary

Still born



Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Address

Los Richardson  
Williamsport MD

Accident or Suicide

no

Williamsport, Md. March 14<sup>th</sup> 1910.  
Interment in River View Cemetery.  
By Undertaker.

Name  
in  
Full

Catharine Bally

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Parawount			
Father's Name	? Hamburger	Father's Birthplace	Terry		
Mother's Maiden Name	Catharine Hamburger	Mother's Birthplace	Lancaster Pa		
Name of person giving Information	Mary Keener	How related to deceased	Daughter		
A R Brewbaker	CAUSES OF DEATH				
Primary	Chronic Endocarditis & nephritis				
Immediate	uremic.				
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Mr. Preston Miller		
		Address	Mayland		
Accident or Suicide?	no				

John Keener  
Route #6

Ruf's church.

A. R. Brewbaker

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Cecil Banzhof

Town **Pines** County **Washington**  
Died at **q** Month **March** Day **24** Years **2 weeks** Months **0** Days **1**  
Date of death **1910** Mar. Age **2 weeks** Months **0** Days **1**  
Sex **Male** Color or Race **white**  
Occupation  Birth-place **Pinesburg**

Married, Single  
or Widowed **single** Name of Wife or  
Husband

Father's Name **Charles Banzhof**

Mother's Maiden Name **Maud Rupp**

Name of person giving Information **Charles Banzhof**

CAUSES OF DEATH  
Primary **Locked Bowel**

Immediate **Exhaustion**

Are the name, age, sex, color, date  
and place correctly given above?

**Yes.**

Signature of Physician

Address

**Mr. Richard J. Williamsport Md.**

Accident or Suicide **No.**

CERTIFICATE OF DEATH

MARYLAND

Father's Birthplace **Pinesburg**  
Mother's Birthplace **Pinesburg**  
How related to deceased **109** ✓  
How long **400 days**  
How long **400 hours**

Williamsport Md. March 25<sup>th</sup>/10  
Entombed in Riverview Cemetery  
By J. F. Kreps Undertaker.

Name  
in  
Full

Miss Jane Bear

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at Beaver Creek	Washington		MARYLAND		
Date of death 1900	Month Mar	Day 10	Age 66	Month	Days
Sex Female	Color or Race White	Birth-place MD			
Occupation House work	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Jacob Bear	Father's Birthplace MD				
Mother's Maiden Name Nancy Keller	Mother's Birthplace MD				
Name of person giving information Mary Farnie	How related to deceased Sister				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

3 weeks

Immediate

Heart Failure

How long

Summed.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S. S. Davis  
Beavers home  
MD

Accident or Suicide

Coffman  
Bear Creek

D. R. Coffman

Name  
in  
Full

William Arthur Bell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown

County

MARYLAND

Town

Washington

Date of death 1900 Month March Day 28

Year

Months

Days

Age 30

—

—

Sex male

Color or Race

Colored

Birth-place

Chesnut Hill Md

Occupation

laborer

Where Raising if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's Name

Thomas J. Bell

Father's Birthplace

Md

Mother's Maiden Name

Mary E Brown

Mother's Birthplace

Md  
brother

Name of person giving  
Information

Henry Bell

How related  
to deceased

Primary

CAUSES OF DEATH

Pulmonary tuberculosis

29

How long

2 years.

immediate

Cardiac failure

1 week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Hospital  
Hagerstown Md

PHYSICIAN  
OR CORONER

Accident or Suicide

no

S. C. 12

Name  
in  
Full

Calvin Boone

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Bellevue</b>		County <b>Wash</b>		<b>MARYLAND</b>			
Date of death <b>1910</b>	Month <b>3</b>	Day <b>30</b>	Age <b>64</b>	Years	Months <b>8</b>	Days <b>-</b>	
Sex <b>male</b>	Color or Race <b>white</b>			Birth-place <b>Md.</b>			
Occupation <b>Laborer</b>	Where Residing if not at place of death						
Married, Single or Widowed <b>married</b>	Name of Wife & Husband <b>Julia Boone</b>						
Father's Name <b>Samuel Boone</b>			Father's Birthplace <b>Md.</b>				
Mother's Maiden Name <b>Mary Newcomer</b>			Mother's Birthplace <b>Md.</b>				
Name of person giving Information <b>Bessie Newcomer</b>			How related to deceased <b>daughter</b>				

## CAUSES OF DEATH

(60)

How long **6 mos**How long **2 wks**PHYSICIAN  
OR CORONER

Primary

**Chronic Encephalitis**

Immediate

**Exhaustion**

Are the name, age, sex, color, date and place correctly given above?

**yes**

Signature of Physician

**Mr. Wenzel**  
**Hagerstown -**

Address

Accident or Suicide?



L.M. Sutler & Son

Name  
in  
Full

Rachael Brackoff

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Wenston	Washington		
Date of death	Month	Day	Years Months Days
1960	3	15	Age 13 11 22
Sex	Female	Color or Race	African
Occupation	Helper	Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Unknown	Father's Birthplace	Unknown
Mother's Maiden Name	Leticia Brackoff	Mother's Birthplace	Md
Name of person giving Information	Ernest Jackson	How related to deceased	Nucle

CAUSES OF DEATH

54

How long

4 months

How long

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

Yes

Signature of Physician

Address

J.S. Younts,  
Baltimore  
Maryland

Accident or Suicide?

John M. Arthur,  
Undertaker

Name  
in  
Full

Richard Brooks

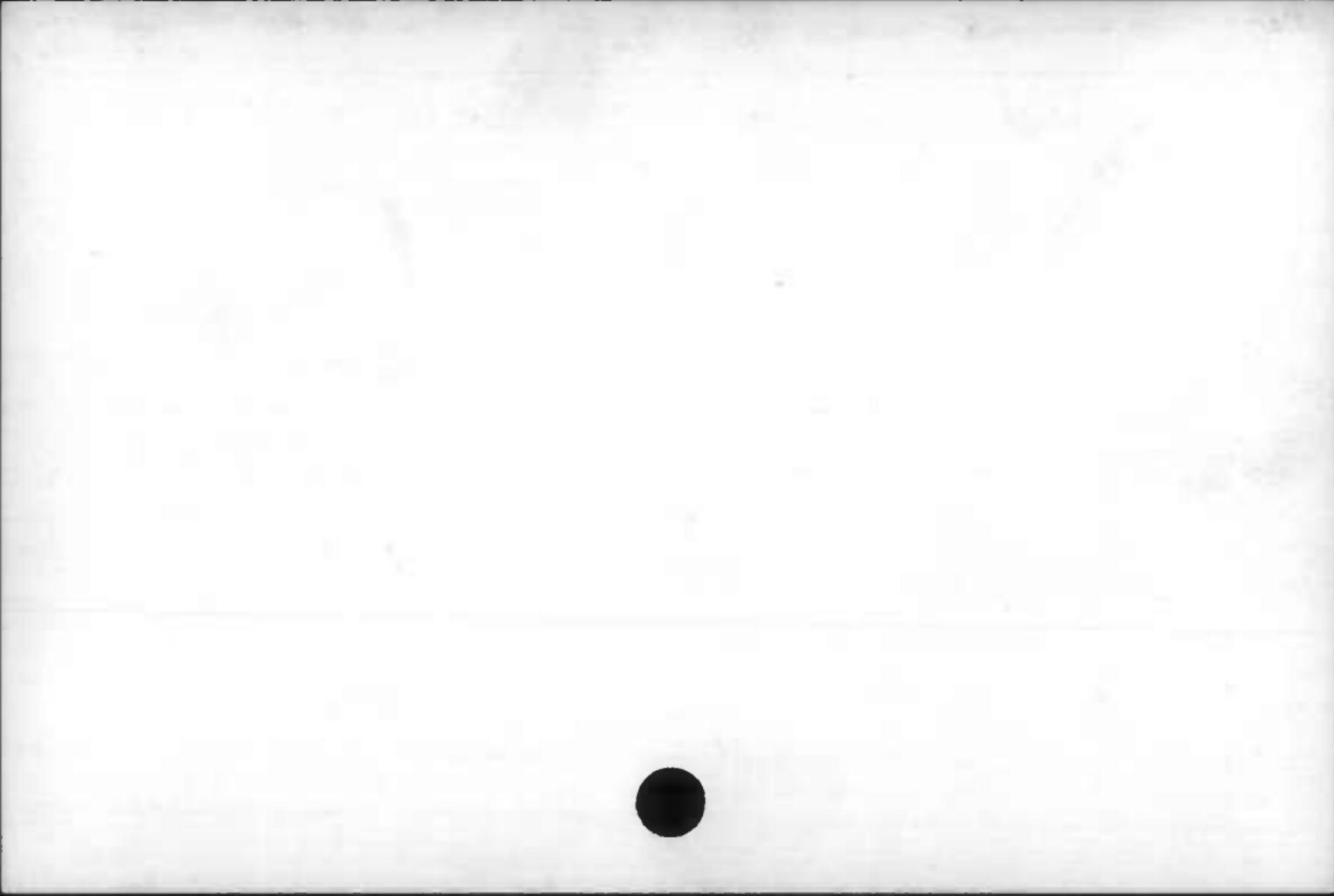
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND			
Died at Bagtown	Washington				
Date of death 1910	Month March	Day 4	Years 72	Months 7	Days 3
Sex Male	Color or Race Negro	Birthplace Bagtown			
Occupation Labourer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Elvina McLanels				
Father's Name Ralph Brooks	Father's Birthplace Wash. D.C.				
Mother's Maiden Name Sarah Wright	Mother's Birthplace Wash. D.C.				
Name of person giving Information Elvina Brooks	How related to deceased Wife				
CAUSES OF DEATH					
Primary Influenza	10	How long 7 days			
Immediate Cerebral Pneumonia	2	"			
Are the name, age, sex, color, date and place correctly given above ? Yes	Signature of Physician E. T. Smith	Address			
Accident or Suicide	Bowersboro Md				

PHYSICIAN  
OR CORONER





Name  
in  
Full

George Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Month
Sex	Color or Race	Age	Day
Occupation	Where Residing if not at place of death	Birth-place	
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name	None	Mother's Birthplace	
Mother's Maiden Name	Sydia S McMichael	How related to deceased	
Name of person giving Information	Dr McRifayor	Physician	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Premature Birth

151

Immediate

1 day

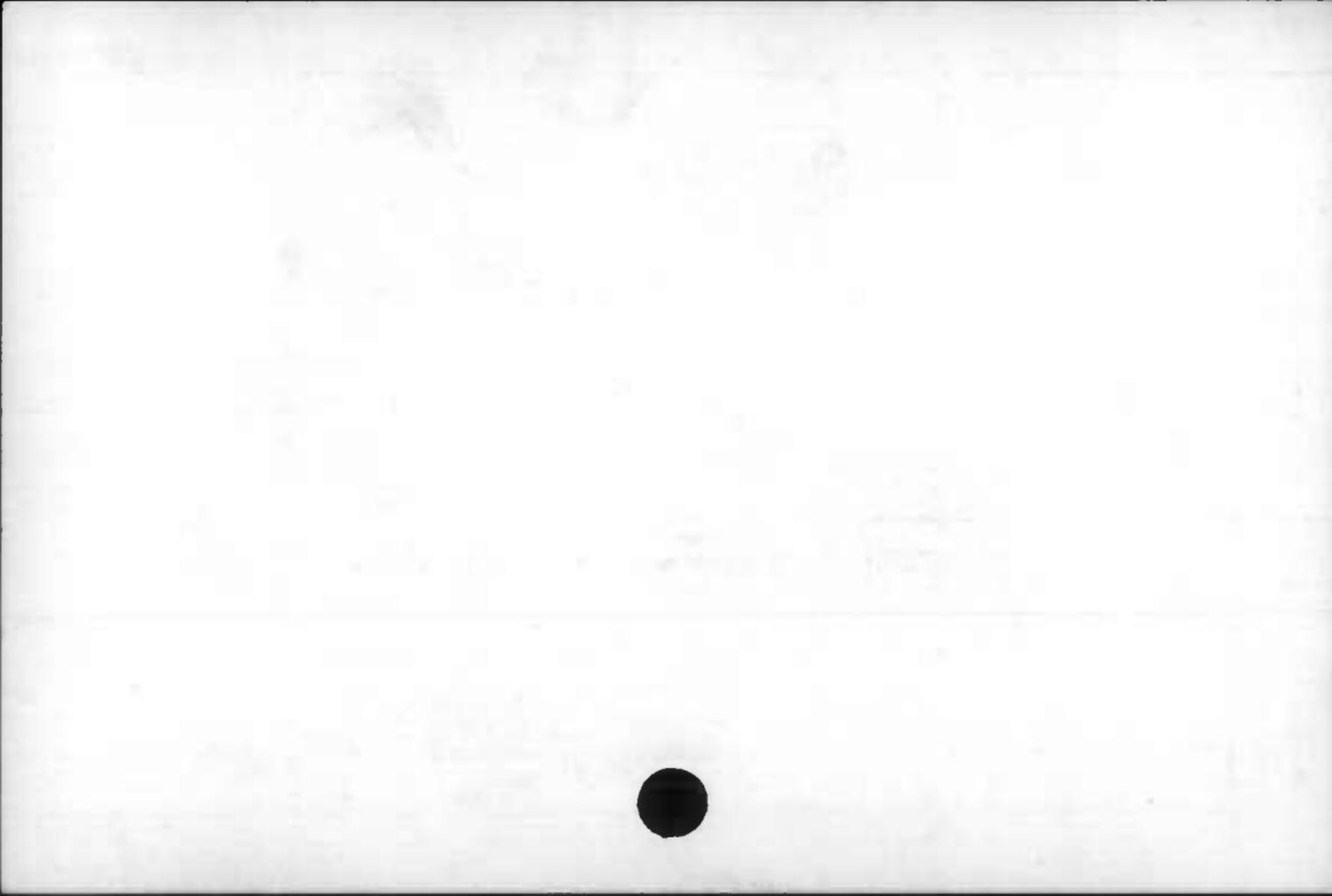
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Yes



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death 1910	Month 3	Day 22	Years 70	Months 4	Days 14	
Sex Male	Color or Race White	Birth-place Williamsport				
Occupation Postmaster		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or <del>Husband</del> Lora Wolf				
Father's Name	John Buchanan		Father's Birthplace Scotland			
Mother's Maiden Name	Don't know		Mother's Birthplace			
Name of person giving Information	Lora Wolf		How related to deceased Wife			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paresis.

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

67

How long

4 weeks.

How long

3 years.

Accident or Suicide

J M Miller  
under Laken  
William Abbott  
Ind.

Name  
in  
Full

Amanda Craig

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town  
Diad et  
Kensington

County

MARYLAND

Month

Day

Years

Months

Days

Date  
of death 1950 Mar. 13

Age 79

2

2

Sex Female

Color or  
Raca

White

Birth-  
place

Kensington Md.

Occupation

Widow

Where Residing if not  
at place of death

Died at home.

Married, Singla  
or Widowed

Widowed

Name of Wifa or  
Husband

Morgan H Craig

Father's  
Birthplace

Scotland

Father's  
Name Joseph H Hodges

Mother's  
Birthplace

Maryland

Mother's  
Maiden Name Susan Powell

How related  
to deceased

Daughter

Name of person giving  
Information Amanda Craig

Dr. Stigars.

CAUSES OF DEATH

Primary

Paralysis

66

v

How long

One week

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

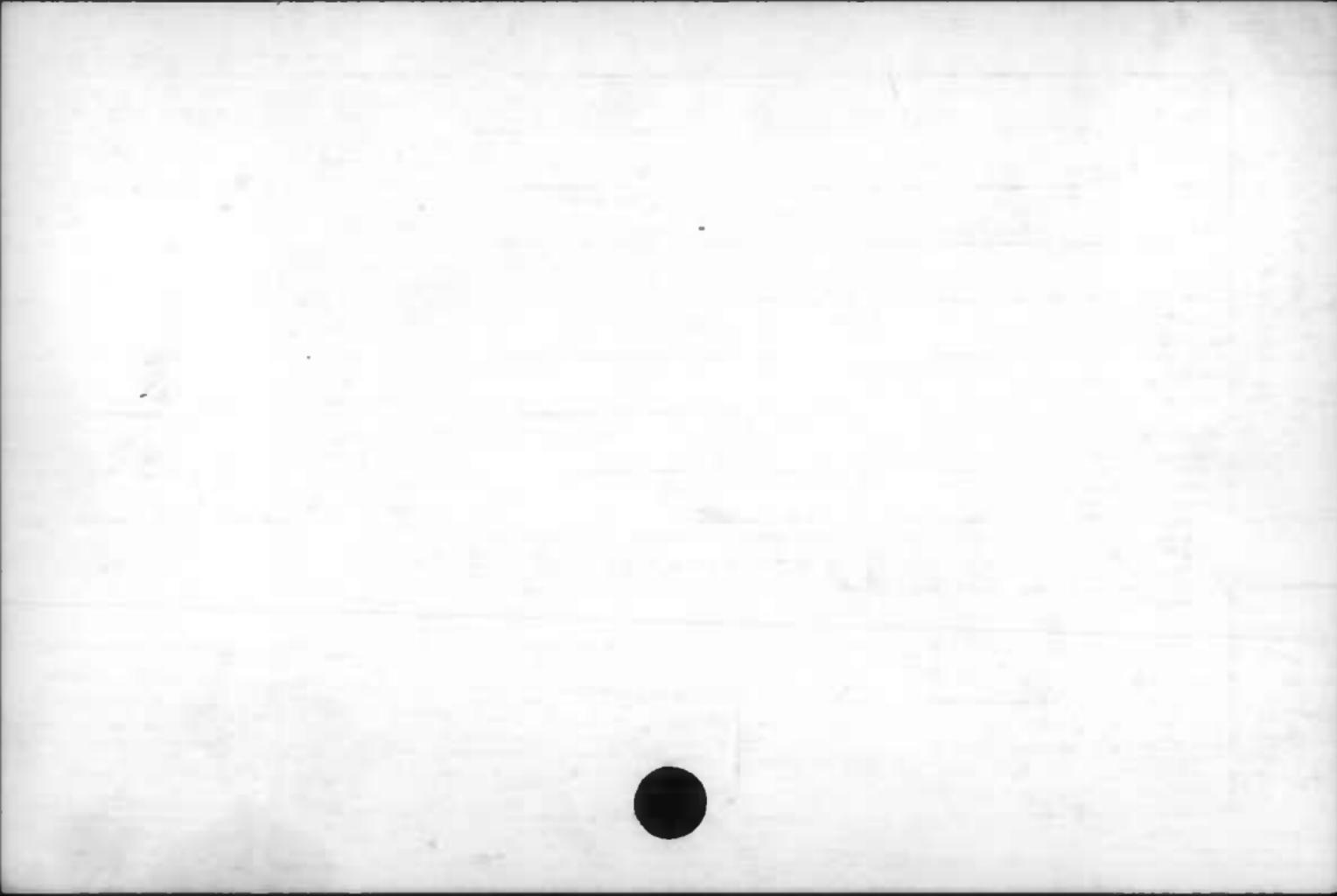
Signature of  
Physician

Address

P.C. Stigars  
Kensington  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

No Name

Gavy

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Boonsboro

County Washington

MARYLAND

Date of death 1900 Month March Day 11

Years

Months

Days

Sex Male

Color or Race

Age

Birth-place

Boonsboro

Occupation

None

White

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Roy Gavy

Father's  
Birthplace

Kedysville

Mother's  
Maiden Name

Bessie Gavy

Mother's  
Birthplace

Boonsboro

Name of person giving  
Information

Henry Gavy

How related  
to deceased

Grand Father

CAUSES OF DEATH

Primary

151

How long

Immediate

malnutrition

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

E. S. Smith

Address

Boonsboro  
Md.

Accident or Suicide

Brinig & Best  
undertakers

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Michael Englebright

CERTIFICATE OF DEATH

Died at Hagerstown Wash.  
Town County  
Date of death 1910 Month Day Years Months Days  
Age 68 0 13  
Sex male Color or Race white Birth-place Va.

MARYLAND

Occupation Stationery Fireman Where Residing if not  
at place of death

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Margaret Englebright

Father's  
Name

Michael Englebright

Father's  
Birthplace

Va.

Mother's  
Maiden Name

Sarah Wilfer

Mother's  
Birthplace

Va.

Name of person giving  
Information

Mrs Michael Englebright

How related  
to deceased

wife.

CAUSES OF DEATH

Primary

Arterio Sclerosis

81

How long

Several years

How long

Immediate

Yes

Signature of  
Physician

Address

J.W. Scott.  
Hagerstown

Accident or Suicide

L.M. Sutler & Son

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Mrs Anna Margaret Fugley

CERTIFICATE OF DEATH

MARYLAND

Died at Hagerstown County Washington

Date of death 1960 Month 3 Day 15 Age 78 Months 1 Days 16

Sex Female Color or Race white

Occupation H. W.

Birth-place Germany

Married, Single or Widowed widow Name of Wife or Husband

Father's Name John Stine

William Henry Fugley

Father's Birthplace Germany

Mother's Maiden Name Not Known

Mother's Birthplace Not Known

Name of person giving Information J. Edward Fugley

How related to deceased son

CAUSES OF DEATH

Primary

Chronic Endocarditis - Nephritis

79

v

/?

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

T. E. Miller  
M. D.

Accident or Suicide no

L.M. Sutherland Son

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Joshua Flook

Town

Bowensboro

County

washington

CERTIFICATE OF DEATH

MARYLAND

Days

Died at

Month

Day

Years

Months

Date  
of death 1901

Month

Mar 22

Age

83

Months

Days

Sex

Color or  
Race

Male white

Birth-  
place

Maryland

Occupation

Retired Farmer

Where Reiding if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Elizabeth Flook

Father's  
Birthplace

Maryland

Father's  
Name

John P Flook

Mother's  
Birthplace

Maryland

Mother's  
Maiden Name

Magdalene Spoenmaker

How related  
to deceased

wife

Name of person giving  
Information

CAUSES OF DEATH

125

How long

2 yrs

Primary

General Debility

Immediate

Prostatic Inflammation.

3 less so.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

W. C. Wheeler M.D.

Bowensboro

Washington Co.

Accident or Suicide

Bruning + Best  
undertakers

Name  
in  
Full

Millie Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	23	3	20
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mount Eliza Beaverwood			
Father's Name	John H. Fowler				
Mother's Maiden Name	Margaret James.				
Name of person giving Information	Charles H. Fowler				

CAUSES OF DEATH

74

How long

4 years

How long

3 months

PHYSICIAN  
OR CORONER



Primary

Tumor of Brain

Immediate

Menigitis Cronic

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Miss Queen

Address

Chesapeake  
Chesapeake  
Md.

Accident or Suicide?

L. F. Reucher  
undertaker

Name  
in  
Full

misnamed Child Gerbig

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown Town County MARYLAND

Date of death 1968 Month Mar Day 28 Years — Months — Days 1 -

Sex Female Color or Race White Birth-place Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Albert Gerbig Father's Birthplace Pa

Mother's Maiden Name Jeanne Cramer Mother's Birthplace Md

Name of person giving Information Jeanne Cramer How related to deceased Mother

CAUSES OF DEATH

Primary

Prematurity

151

How long

Immediate

Asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J R Langhans  
Hagerstown

PHYSICIAN  
OR CORONER

Accident or Suicide

To Gaylene  
AK Hoffman  
Post Well

A. K. Hoffman

Name  
in  
Full

J. K. P. Groves

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Washington		County		MARYLAND		
Date of death	Month	Day	Years	Months	Days			
Sex	Color or Race			Birth-place				
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband	Mrs. Belle Groves						
Father's Name	Jacob Groves		Father's Birthplace	Frederick Co.				
Mother's Maiden Name	Willard		Mother's Birthplace	Frederick Co.				
Name of person giving information	Mrs. Belle Groves		How related to deceased	wife				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Hemorrhage

How long

10 min.

Immediate

Are the name, age, sex, color, date and place correctly given above?

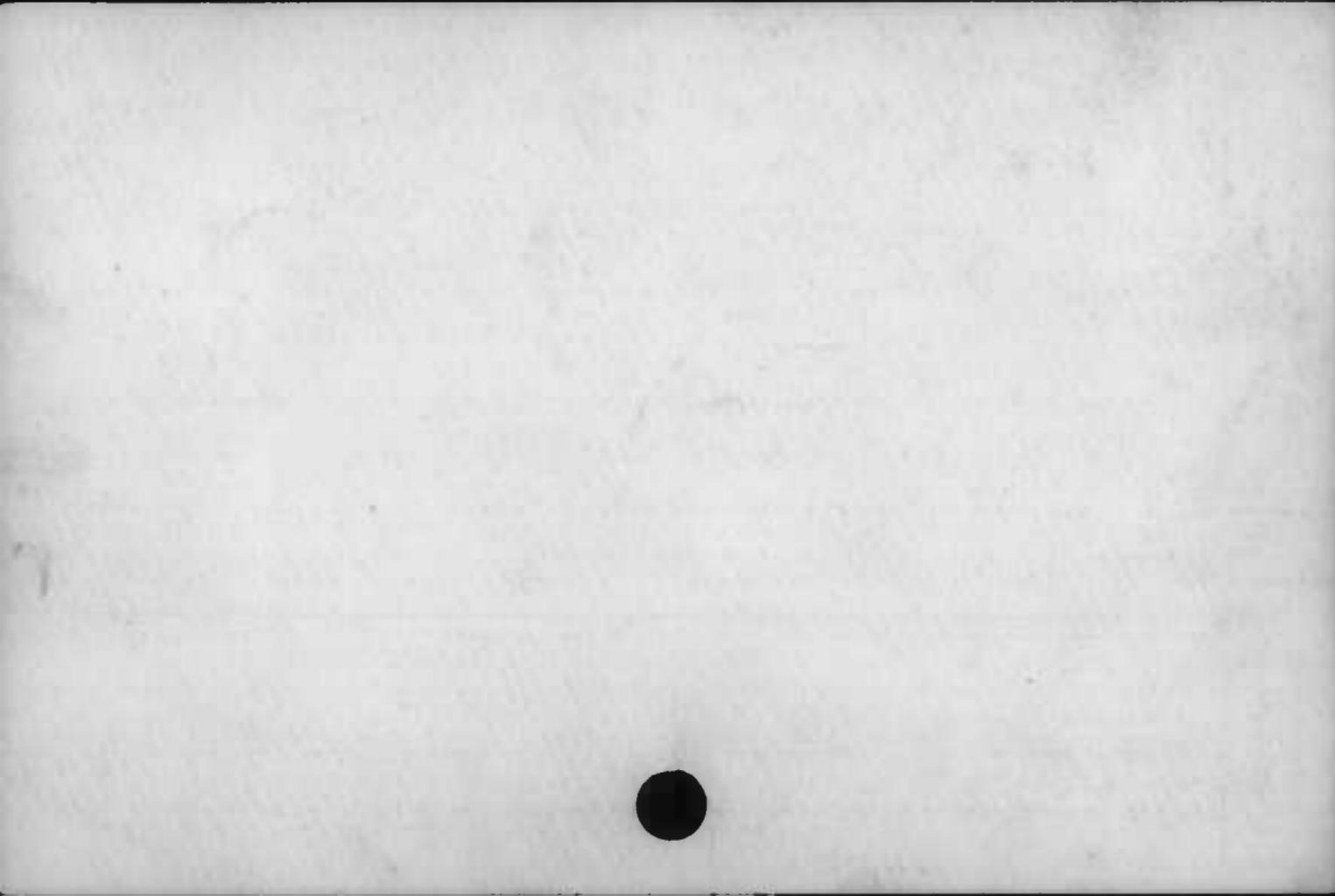
yes

Signature of Physician

Address

J. Edmond Tigray  
Homeoal,  
Md.

Accident or Suicide?



Name  
in  
Full

Jane Rebecca Haller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Town		County		MARYLAND	
Died at	Bowensboro	Washington			
Date of death	Month March	Day 7	Years Age 71	Month 11	Day 23
Sex	Female	Color or Race	White	Birth- place	Fred. Lee
Occupation	Housewife				
Married, Single or Widowed	Married	Name of Wife or Husband	John Haller		
Father's Name	Peter Miles				
Mother's Maiden Name	Maggie Brookins				
Name of person giving Information	John Haller				

CAUSES OF DEATH

Primary

Cancer of the right breast

43

How long

number of years

Immediate

Septicemia

7 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

E. T. Smith

Address

Bowensboro  
Md.

Accident or Suicide

Brining & Bart  
undertakers



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

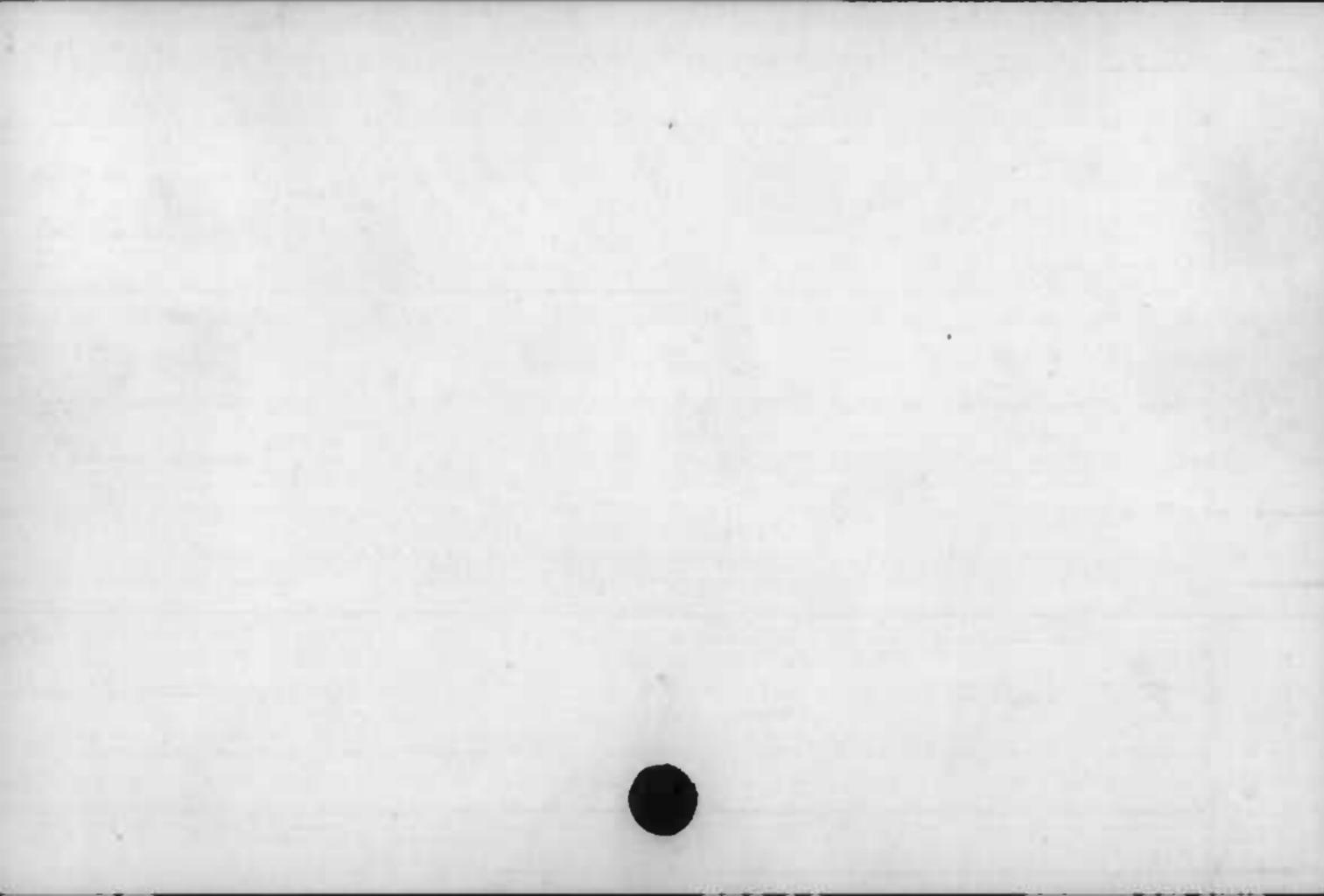
allen Frost Heller

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1910	March	25	Age	—	9 hours	
Sex	Male	Color or Race	White	Birth-place	Hancock	
Occupation	Janfand					
Married, Single or Widowed	Sing <del>l</del>	Name of Wife or Husband				
Father's Name	J. Allen Heller					
Mother's Maiden Name	Berthie Frost					
Name of person giving Information	J. A. Heller					
CAUSES OF DEATH						
Primary	Prolonged pressure on head during parturition 30 minutes					
Immediate	Apnoea 1/2 day					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. O. Heller			
		Address	Hancock MD			

PHYSICIAN  
OR CORONER

H  
Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mrs Mary Heipner

Died at	Town	County	MARYLAND
Date of death	Month	Year	Days
Sex	Color or Race	Birth-place	
Occupation			

Married, Single  
or WidowedName of ~~Wife~~ or Husband

Thomas Heipner.

Father's Name

John Sellier

Father's Birthplace

Germany

Mother's Maiden Name

Barbara Goose

Mother's Birthplace

Germany

Name of person giving Information

Elizabeth Moore

How related to deceased

daughter

## CAUSES OF DEATH

Primary

Ags

How long

154

four months

Immediate

Debility

How long

some months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas. B. Doyle MD  
Hagerstown Md

Accident or Suicide

L. M. Sutler and Son

Name  
in  
Full

Evelyn I. Rose

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Hagerstown

County

Mary.

MARYLAND

Date  
of death

Month

Day

1960 Mar. 24

Years

Age

Months

3

Days

4

Sex

Female

Color or  
Race

White

Birth-  
place

Hagerstown

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Alexander H. Rose

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Velma Murphy

Mother's  
Birthplace

Penna

Name of person giving  
Information

Alexander H. Rose

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Malnutrition

189

How long

Some weeks

Immediate

How long

Some weeks

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Yes

Frank Rose  
Hagerstown

Accident or Suicide

PHYSICIAN  
OR CORONER

S. K. Lownan.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Francis. A Jackson

CERTIFICATE OF DEATH

Died at <u>Westerose</u>		Town		County <u>Washington</u>		MARYLAND	
Date of death <u>1960</u>	Month <u>3</u>	Day <u>1</u>	Age <u>Years</u>	Months <u>11</u>	Days <u>0</u>		
Sex <u>Male</u>	Color or Race <u>African</u>			Birth-place <u>Md</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>						
Father's Name <u>Ernest Jackson</u>	Father's Birthplace <u>Md</u>						
Mother's Maiden Name <u>Effie Brackett</u>	Mother's Birthplace <u>Md</u>						
Name of person giving information <u>Eugene Turner</u>	How related to deceased <u>Not relative</u>						

CAUSES OF DEATH

Primary

Whooping Cough

(8)

✓

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. J. Yonster  
Brownsville  
Maryland

Accident or Suicide?

John M<sup>c</sup>Arthur,

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Accident or Suicide?

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1940	Month 3	Day 23	Age 64	Years	Months 10	Days 25
Sex	Female	Color or Race	White	Birth-place	Virginia		
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Patrick H. H. Jennings		Father's Birthplace	Virginia	
Father's Name	Samuel Brown				Mother's Birthplace	M. d	
Mother's Maiden Name	Mary M. Brown				How related to deceased	Husband	
Name of person giving information	H. H. Jennings						

CAUSES OF DEATH

103

How long

18 months

How long

3 Weeks

Primary

Hemiplegia

Immediate

Gastric Bleed

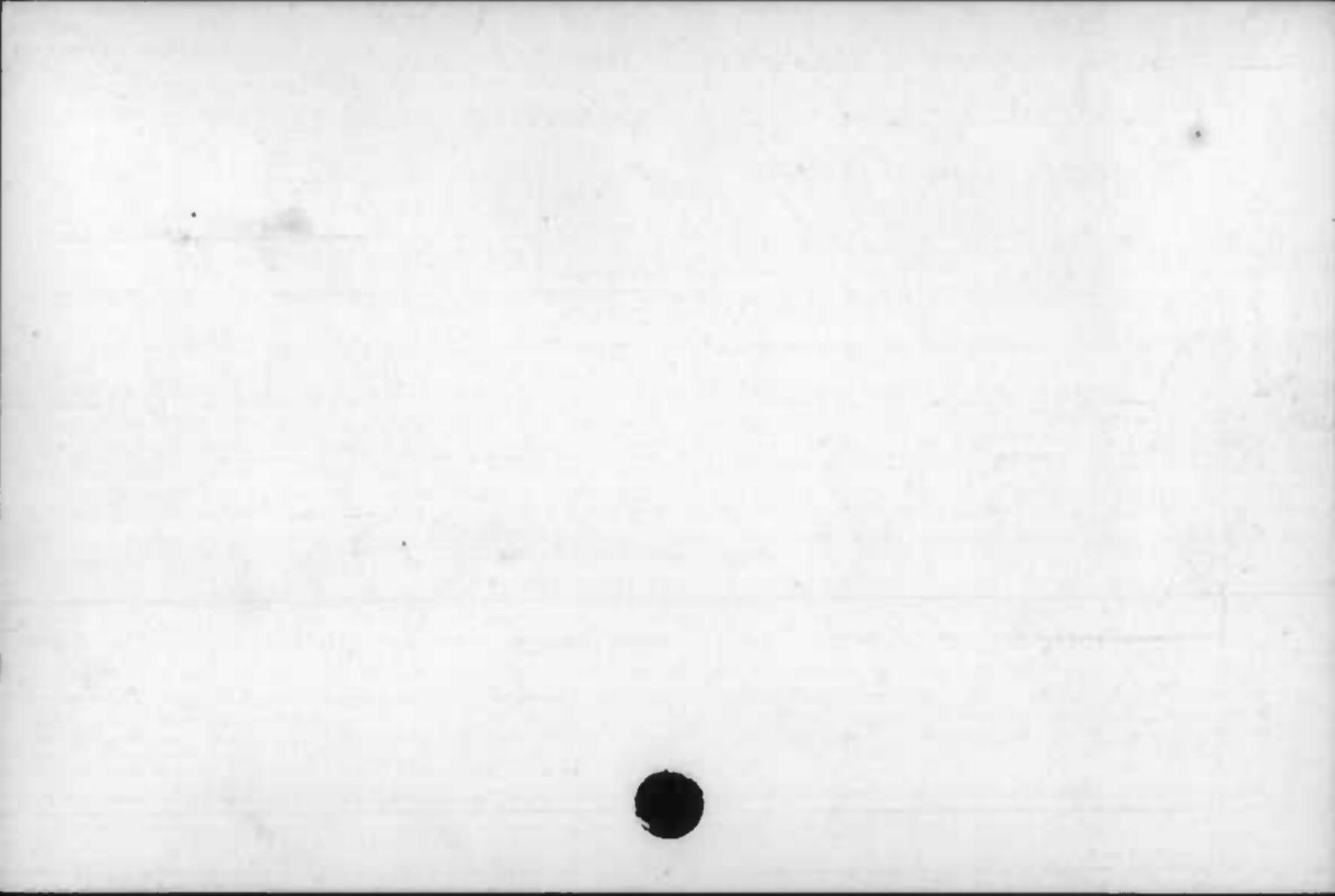
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. T. Yostee  
Brownsville  
Maryland



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Frances Celesta Jones

CERTIFICATE OF DEATH

MARYLAND

Died at Boonsboro Town County Washington

Date of death 1900 Month Day

Years Month Days

March 11

Age

Sex Female Color or Race

white

Birth-place

Occupation House

Maryland

Where Residing if not  
at place of death

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's Name

wilbur Jones

Father's Birthplace

Maryland

Mother's  
Maiden Name

Helen Ford

Mother's Birthplace

Maryland

Name of person giving  
Information

wilbur Jones

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

93

7 days

Immediate

Heart Failure

How long

Immed.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

S.S. Davis  
Boonsboro  
Md

H

Accident or Suicide

Bining & Bast  
undertakers

---

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Coora A Keedys  
Town  
Died at Kendaysville Washington County

CERTIFICATE OF DEATH

MARYLAND

Date Month Day Years Months Days  
of death 1910 3 15 31 11 15  
Sex Female Color or Race White Birth-place Boonsboro

Occupation None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Harry E Keedy

Father's  
Birthplace

Mother's  
Maiden Name

Alfred C Haffer

Boonsboro

Name of person giving  
Information

Sarah A Loms

Mother's  
Birthplace

Harry E Keedy

Boonsboro

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Tuberculosis

28

✓

How long

10 years

Immediate

Heart Failure

How long

2 hours

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Richard W. Pei

Keedy eride

MD

Accident or Suicide

G E Sumner & Son

Name  
in  
Full

Florence Keys

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Winston	Washington					
Date of death	Month	Day	Age	Years	Months	Days
1905	3	6	31	—	—	—
Sex	Female	Color or Race	Negro	Birth-place	Md	
Occupation	Housewife			Where Residing if not at place of death	———	
Married, Single or Widowed	Married	Name of Wife or Husband	Henry Keys			
Father's Name	Unknown			Father's Birthplace	Matthews	
Mother's Maiden Name	Cynthia Brackett			Mother's Birthplace	Md	
Name of person giving information	Charles Matthews			How related to deceased	Not related	

CAUSES OF DEATH

Primary	Hysteria		How long
Immediate			1 month
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	74
		Address	(Redacted)
Address	J. S. Younts, Brownsville Md		
Accident or Suicide?			



John McArthur  
Undertaker

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Not named Leathernan  
Town \_\_\_\_\_ County \_\_\_\_\_  
Died at Bearfoot Washington

CERTIFICATE OF DEATH

MARYLAND

Date of death Month Day Years Months Days  
1960 Mar. 20 \_\_\_\_\_ — —

Sex \_\_\_\_\_

Color or Race \_\_\_\_\_

Birthplace \_\_\_\_\_

Occupation \_\_\_\_\_

Where Residing if not  
at place of death \_\_\_\_\_

Married, Single  
or Widowed \_\_\_\_\_

Name of Wife or  
Husband \_\_\_\_\_

Father's  
Name \_\_\_\_\_

M. L. Leathernan

Father's  
Birthplace \_\_\_\_\_

Mother's  
Maiden Name \_\_\_\_\_

Mary S. Leathernan

Mother's  
Birthplace \_\_\_\_\_

Name of person giving  
Information \_\_\_\_\_

Annie Strite

Sister

CAUSES OF DEATH

Primary

Stile Bone

(S) How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

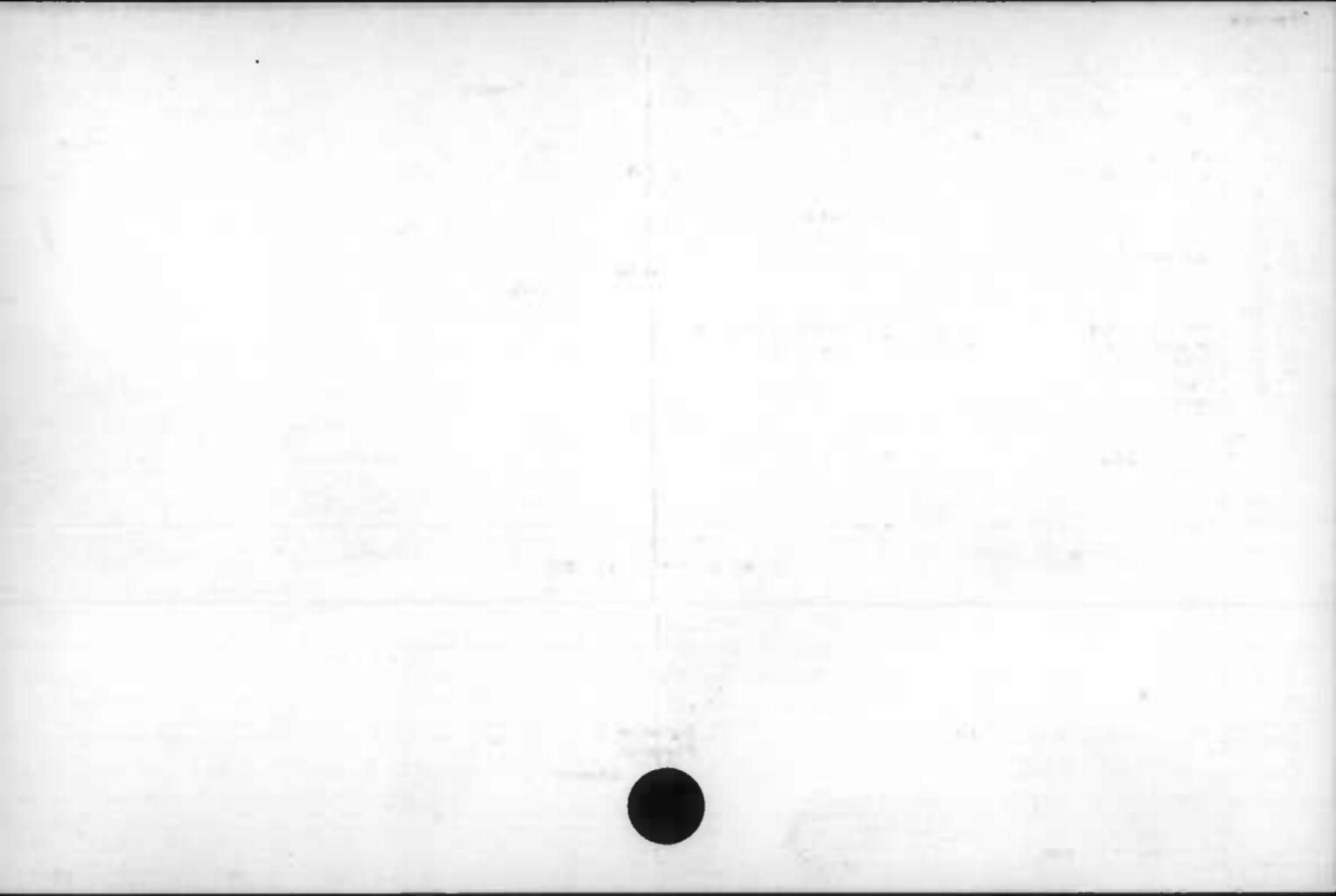
Signature of  
Physician

Address

DR. Wm. H.  
McCrory, M.D.  
Oct 1960

Accident or Suicide

AD



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jacob Barr Lehman

CERTIFICATE OF DEATH

MARYLAND

Died at near Star Town Washington  
Town County  
Month Day Years Months Days  
Date of death 1950 3 3 72 8  
Sex Male Color or Race White Birth-place Md  
Occupation Retired Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mahala Wallick  
Father's Name Jacob B. Lehman Father's Birthplace Pa  
Mother's Maiden Name Barbara Funk Mother's Birthplace Pa  
Name of person giving Information Mahala Lehman How related to deceased Wife

CAUSES OF DEATH

120

How long

2 years

1½ days

Primary

Bright's Disease

Immediate

Urticaria Poisoning

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. D. Stauffer  
Hagerstown, Md

Accident or Suicide

L. M. Watkins

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Christian D. Lesser

CERTIFICATE OF DEATH

MARYLAND

Died at Williamsport

Town

County

Years

Months

Days

Washington

Date of death 19<sup>th</sup> Month March Day 29<sup>th</sup>

Age \_\_\_\_\_

Months

Days

1

Sex Male

Color or  
Race

white

Birth-  
place

Williamsport Md

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

D. T. Lesser

Father's  
Birthplace

Franklin Co, Pa

Mother's  
Maiden Name

Margaret L. Lesser

Mother's  
Birthplace

Fulton Co, Pa

Name of person giving  
Information

D.T. Lesser

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Premature birth

151

✓

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. D.T. Lesser  
Williamsport Md

Accident or Suicide

J. F. Krups.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Accident or Suicide

Primary

Chronic Nephritis  
Uremia

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Richard W. Rice M.D.  
Keedysville  
Md

CERTIFICATE OF DEATH

MARYLAND

Died at Town County  
Keedysville Washington  
Date of death Month Day Years Month Days  
1910 March 4 73 — —

Sex  
Occupation

Color or  
Race

Birth-  
place

Male. white

Maryland

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

married Sophia Lighter

Father's  
Name

Joseph Lighter

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Magdalene Koogler

Mother's  
Birthplace

Maryland

Name of person giving  
Information

sophia Lighter

How related  
to deceased

wife

CAUSES OF DEATH

120

How long

4 years

How long

2 days



Brinig & Bast  
undertakers

Name  
in  
Full

Sherman, Leo L. Loris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Playertown

County

Washington

Days

Date of death 1900 Month 3 Day 17

Years ← Months 2

28

Sex Male Color or Race White

Birth-place MD

Occupation - - - - -

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Chester L. Loris

Father's  
Birthplace

MD

Mother's  
Maiden Name

Stella Wolf

Mother's  
Birthplace

MD

Name of person giving  
Information

Chester L. Loris

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

9f

How long

75 days  
2 days

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Montgomery  
Washington DC

Accident or Suicide

PHYSICIAN  
OR CORONER

A. K. Hoffman

Name  
in  
Full

James Lushbaugh.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1910	3	29	Age 41	5	-	
Sex male	Color or Race	white		Birth-place	Md.	
Occupation Plasterer	Where Residing if not at place of death					
Married, Single or Widowed single	Name of Wife or Husband					
Father's Name George Lushbaugh	Father's Birthplace	Md.				
Mother's Maiden Name Fannie McIntyre	Mother's Birthplace	Pa				
Name of person giving Information Charles Lushbaugh	How related to deceased	brother				

CAUSES OF DEATH

(46)

✓  
Don't know

PHYSICIAN  
OR CORONER

Primary Mediastinal Disease (?)

How long

Don't know

Immediate Dyspnoea or Mechanical

How long

3 hrs -

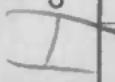
Are the name, age, sex, color, date and place correctly given above?

yes -

Signature of Physician

Address

J. W. West,  
Bogusawon



Accident or Suicide?

L.M. Sutler and Son

Name  
in  
Full

Geeelia Agnes M Gardell  
Williamsport Town Washington County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Williamsport

Washington

MARYLAND

Date  
of death 1900

Month  
Mar

Day  
28

Year  
89

Age

Months  
Jan

Days  
28

Sex  
Male

Color or  
Race

White

Birth-  
place

703 Burkhalter

Occupation  
Housekeeper

Where Residing if not  
at place of death

Married, Single  
or Widowed  
Widow

Name of Wife or  
Husband

Ambrose D M Gardell

Father's  
Name

Shadrach S. Oliver

Father's  
Birthplace

Philadelphia

Mother's  
Maiden Name

Maria Stake Abenstein

Mother's  
Birthplace

Williamsport  
Sister

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

Primary

Ch. Asthma

79

Immediate

Cardiac arrestion

How long

4 years

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Ernest Pleasner  
Williamsport

PHYSICIAN  
OR CORONER

I

Accident or Suicide

Williamsport, Md. March 30<sup>th</sup> 1910.  
Interment in Riverview Cemetery  
By J. F. Krebs, Undertaker.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ada & Maty  
Kendys Miller & Washington

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date  
of death

1901

Month

10

Day

3

Years

30

Months

3

Days

0

Sax

Color or  
Race

White

Birth-  
place

Bethelwood

Occupation

House Wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Maty

Father's  
Name

Hamilton P Miller

Father's  
Birthplace

Elmington

Mother's  
Maidan Name

Martha E Wadn

Mother's  
Birthplace

Bethelwood

Name of person giving  
Information

Martha E Wadn

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Pneumonia

92

7 days

Immediata

Heart Failure

How long

6 hours

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Richard T Phi  
Keedysville  
Md

Accident or Suicide

G E Suman & Son

Name  
in  
Full

Annie E Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Town

County

Near Smithsburg Washington

Date  
of death

Month

Day

Years

Months

Days

1900

3

8

39.

Age

Sex

Female

Color or  
Race

White

Birth-  
place

Balto. Co. Md

Occupation

House Wife

Where Residing if not  
at place of death

Near Smithsburg

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

none -

Father's  
Name

Frederick Lovel.

Father's  
Birthplace

Balto. Co. Md.

Mother's  
Maiden Name

Amelia Kilbaugh.

Mother's  
Birthplace

Fred. Co. Md.

Name of person giving  
Information

Charlie Miller

How related  
to deceased

Husband.

CAUSES OF DEATH

Primary

Acute General Enteritis  
General Peritonitis

6 days

Immediate

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

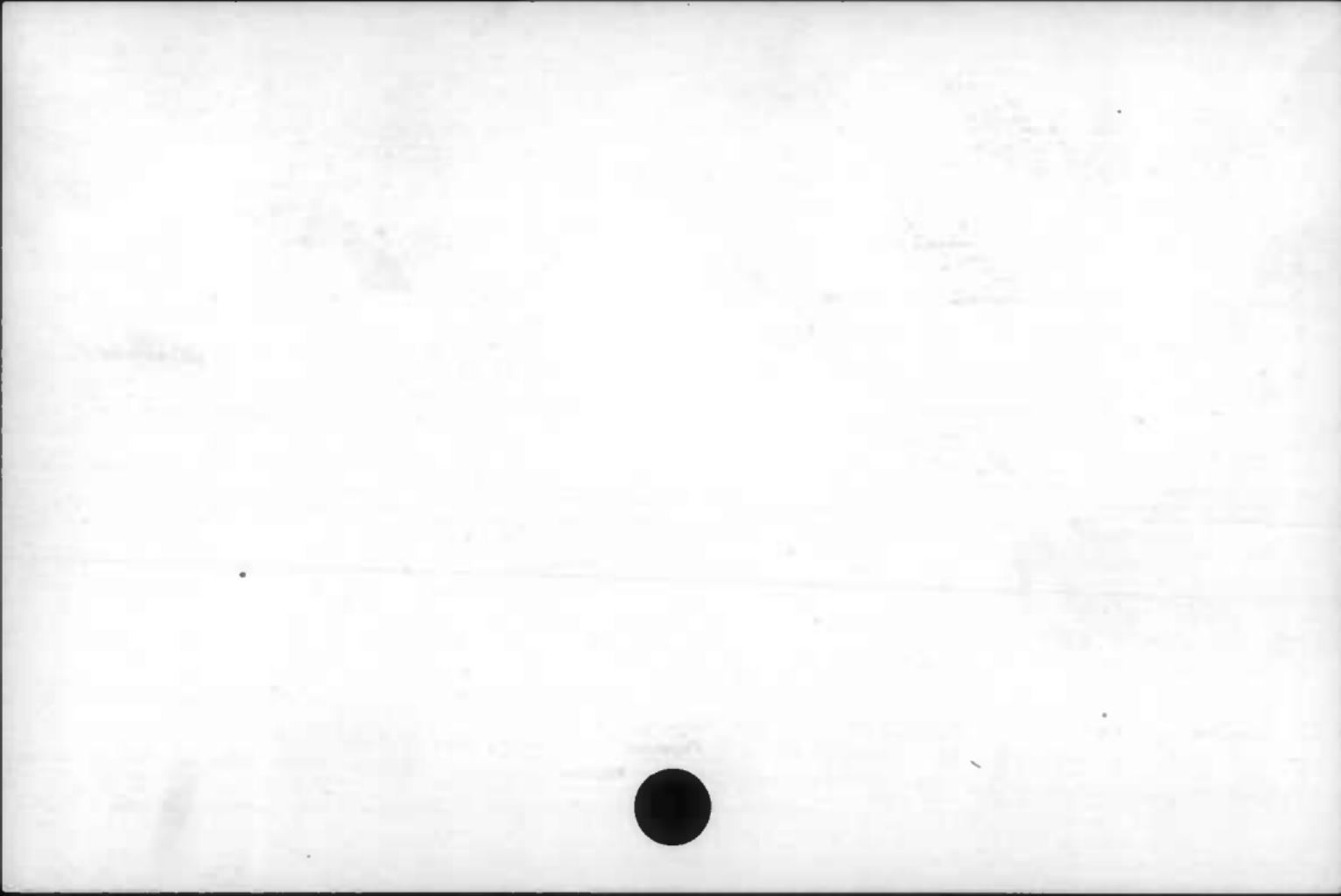
Signature of  
Physician

Dr. C. D. K. Janus  
Smithsburg  
Maryland.

Address

Accident, or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Accident or Suicide

John Berry Minnich				CERTIFICATE OF DEATH				
Died at	Reid	Town	Washington	County	MARYLAND			
Date of death	1900	Month 3	Day 8	Age 31	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Wash. Co.			
Occupation	Farmer	Where Residing if not at place of death						
Married, Single or Widowed	Single	Name of Wife or Husband						
Father's Name	Garrett Minnich	Father's Birthplace	Pa.					
Mother's Maiden Name	Mary Willis and	Mother's Birthplace	Pa.					
Name of person giving Information	George M. Minnich	How related to deceased	Father					

CAUSES OF DEATH

Primary

Pneumonia

92

How long

Immediate

Syncope

8 days

one day

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J. D. Laughlin  
Hagersloch  
Md.

F. E. Groves

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mrs Lydia Moore

Died at Hagerstown Wash

Date of death 1908 Month Day

Years

Months

Days

Age 40

10

28

Sex Female

Color or  
Race

white

Birth-  
place Pa

Occupation A. W.

Where Residing if not  
at place of deathMarried, Single  
or Widowed marriedName of Wife or  
Husband

Simon Moore

Father's  
Name Jos JosephFather's  
Birthplace Pa.Mother's  
Maiden Name Eliz. WillowMother's  
Birthplace "Name of person giving  
Information Mrs Jacob DunkleHow related  
to deceased sister.

## CAUSES OF DEATH

Primary Bright's

120

How long

6 months

Immediate

Wrasme Farrow

How long

18 years

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Yes

R. H. Hauffee

Hagerstown

No

Accident or Suicide

Mrs. Lydia Moon

Name  
in  
Full

Eyra. Albert. Munson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Near Hancock Town Washington County MARYLAND  
Date of death 1900 Month March Day 22 Year Age 27 Month 2 Days 9

Sex Male Color or Race White Birth-place Wash. Co. Md.  
Occupation Laborer. Where Residing if not at place of death Died at Home

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Samuel. H. Munson

Father's Birthplace Wash. Co. Md.

Mother's Maiden Name Alice. A. Covline

Mother's Birthplace " " "

Name of person giving Information Edwards Munson

How related to deceased Brother

CAUSES OF DEATH

Primary

Gallstones

116

✓

Immediate

was called in consultation as  
Munson was dying. Dr. Frank  
Attended him

Signature of Physician

Address

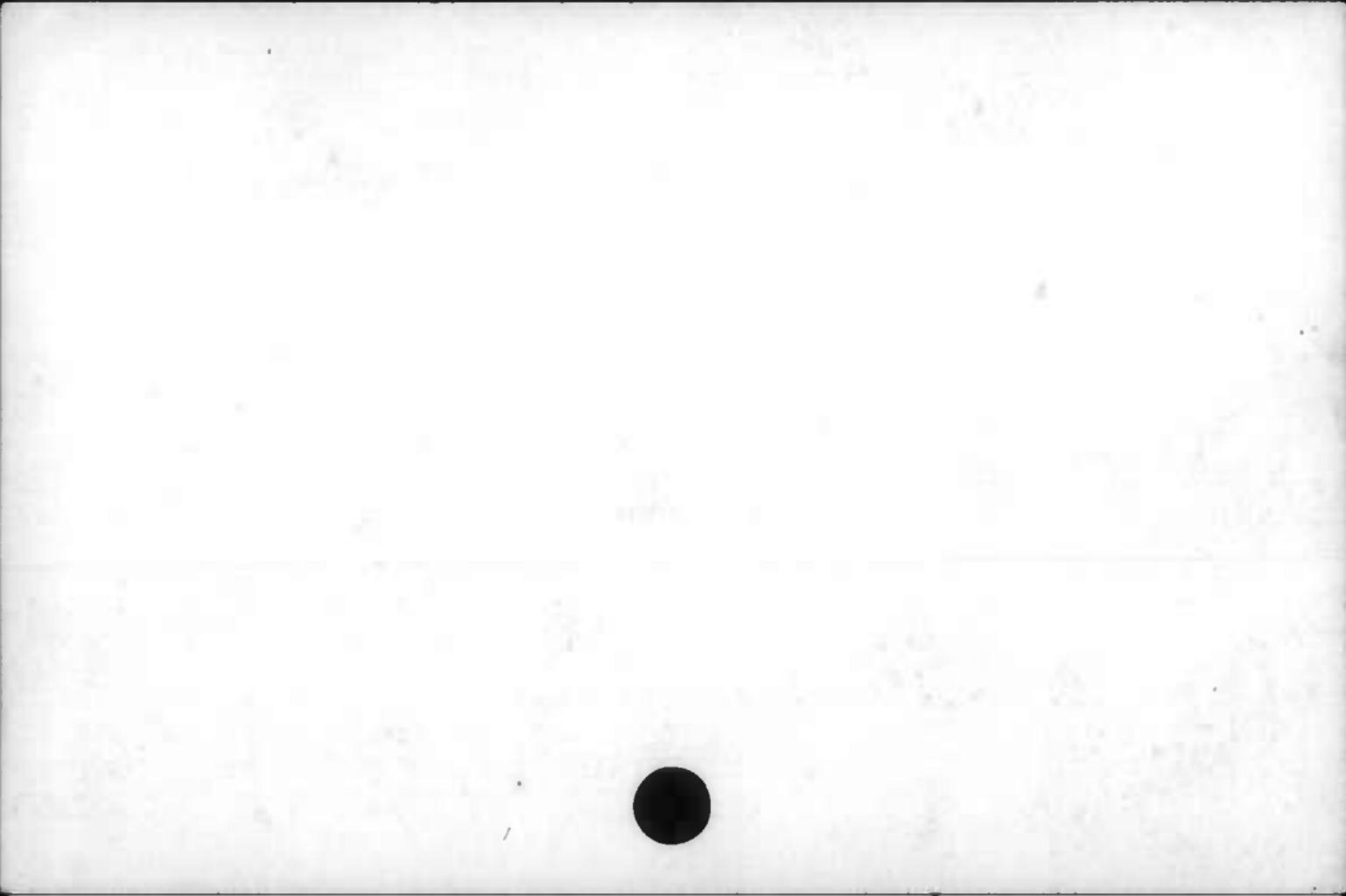
J. Elwood Stigges,  
Hancock, Md.

PHYSICIAN  
OR CORONER



At the name, age, sex, color, date  
and place where given above

Accident



Name  
in  
Full

Daisy May Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at Kendysville Month 10 Day 3 Age 26 Years 6 Months 5 Days  
Date of death 1910 Sex Female Color or Race White Birth-place Wilmington  
Occupation House Wife Where Residing if not at place of death  
Married, Single or Widowed Name of Wife or Husband Howard C. Myers  
Father's Name Alexandria Spruchow  
Mother's Maiden Name Anna Mary Woats  
Name of person giving Information Howard C. Myers

Father's Birthplace Wilmington  
Mother's Birthplace Wilmington  
How related to deceased Husband

166

How long

about 6 hours

How long

Primary

From burning of her body,  
the entire clothing burning off, with  
immediate insulation of features

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

S. W. Gardner  
Sharpshay Mtn

Accident or Suicide

MARYLAND

18

1910

1884

26

G E Duran & Son

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Della D Parks

CERTIFICATE OF DEATH

MARYLAND

Died at Hagerstown Washington County

Date of death 1900 Month 2 Day 13 Age 35 Years 1 Months 11 Days 13

Sex Female Color or Race White

Birth-place Md

Occupation School Teacher

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's Name

Joseph Parks

Father's Birthplace

Mother's Maiden Name

Alethia Garrison

Mother's Birthplace

Name of person giving  
Information

Alethia Parks

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Toxopneumia

6 mo

Immediate

Heart failure

Gradual

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Constance Miller  
Hagerstown  
Md

Accident or Suicide

How long

How long

A. K. Coffman  
Post office  
Atchison  
Dr Miller

A. K. Coffman

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Unnamed Child of Floyd A Patter

CERTIFICATE OF DEATH

MARYLAND

Died at Hagerstown

Town

County

Date of death 1900 Month 3

Day 6

Years

Months

Days

Age

Sex Female

Color or Race

White

Birth-place

Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

Floyd A Patter

Father's Birthplace

Mother's Maiden Name

Jrene M. Leatherwood

Md

Name of person giving  
Information

Floyd A Patter

Md

Mother's Birthplace

Primary

Still Born.

CAUSES OF DEATH



Immediate

asphyxia - difficult Labor.

Are the name, age, sex, color, date  
and place correctly given above?



Signature of  
Physician

Address

Victor Smith L  
Step. Md

Accident or Suicide



J.M. Watkins

Name  
in  
Full

Mildred Hall Phenix

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Accident or Suicide

Town	County	MARYLAND	
Died at Hancock	Washington	Month March	Days
Date of death 1950	Month March	Day 6 <sup>th</sup>	Year
Age 1	Montha 8	Color or Race Colored	Birth-place Hancock
Sex Female	Occupation	Where Residing if not at place of death Hancock	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name William Phenix	Father's Birthplace W. Va		
Mother's Maiden Name Annie Hall	Mother's Birthplace D. C.		
Name of person giving Information William Phenix	How related to deceased Father		

CAUSES OF DEATH

Primary

Acute Nephritis

119

How long

Immediate

Anemone

2 wks

Are the name, age, sex, color, date and place correctly given above?

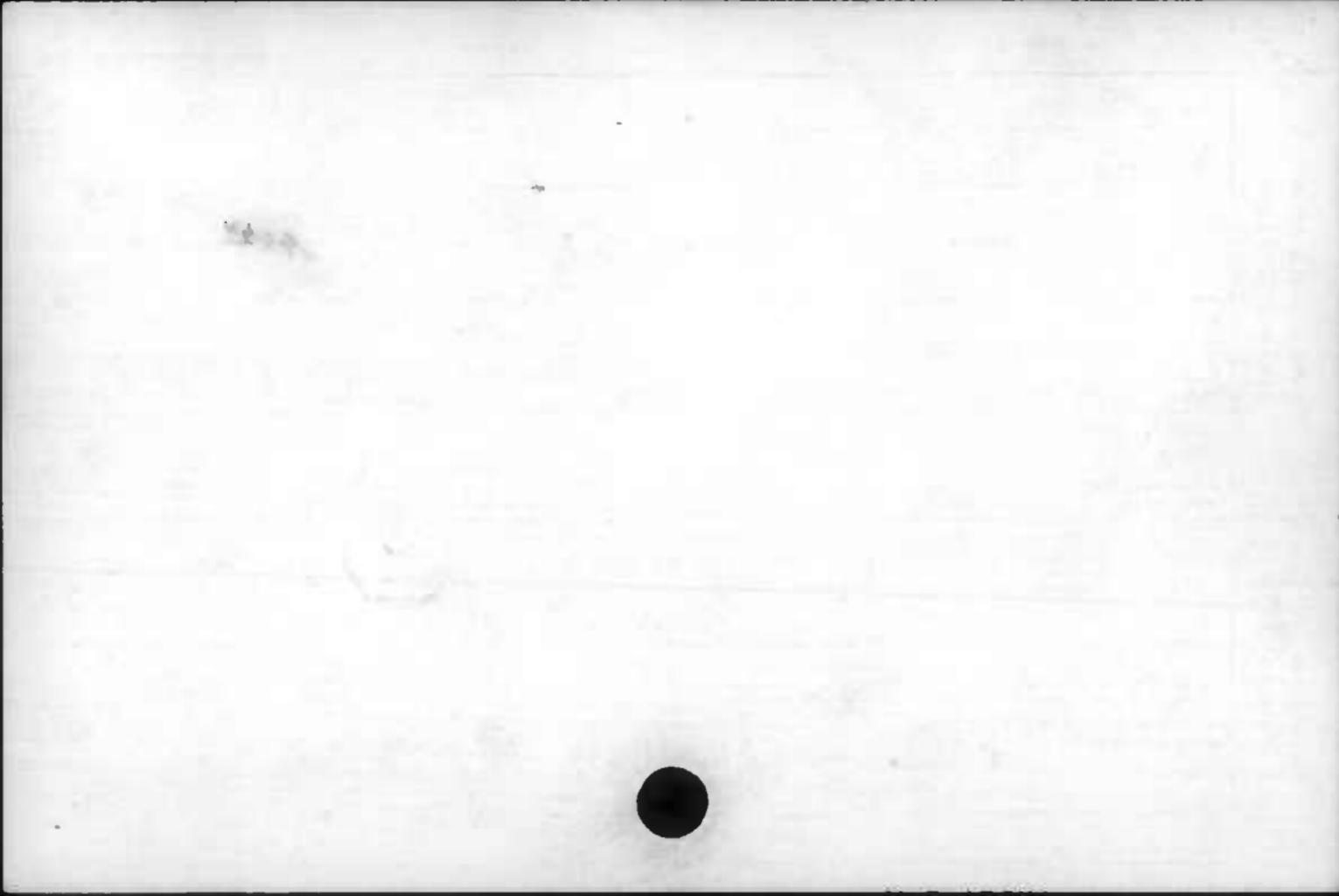
Yes

Signature of Physician

Address

J. A. West.

Hancock Md.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Martin Henry Poffenberger  
Town County  
Died at Lydia Washington MARYLAND  
Date Month Day Years Months Days  
of death 19010 May 14 4 4 —  
Sex Male Color or Race white  
Occupation Child Where Residing if not  
at place of death  
Married, Single or Widowed Child Name of Wife or Husband  
Father's Name Harvey S. Poffenberger Father's Birthplace Lydia md  
Mother's Maiden Name Sallie Adams Mother's Birthplace Beaver Creek, md  
Name of person giving Information Harvey S. Poffenberger How related to deceased Father.

CAUSES OF DEATH

Primary

Diphtheria

9

✓

day

Immediate

Uraemic Poisoning

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

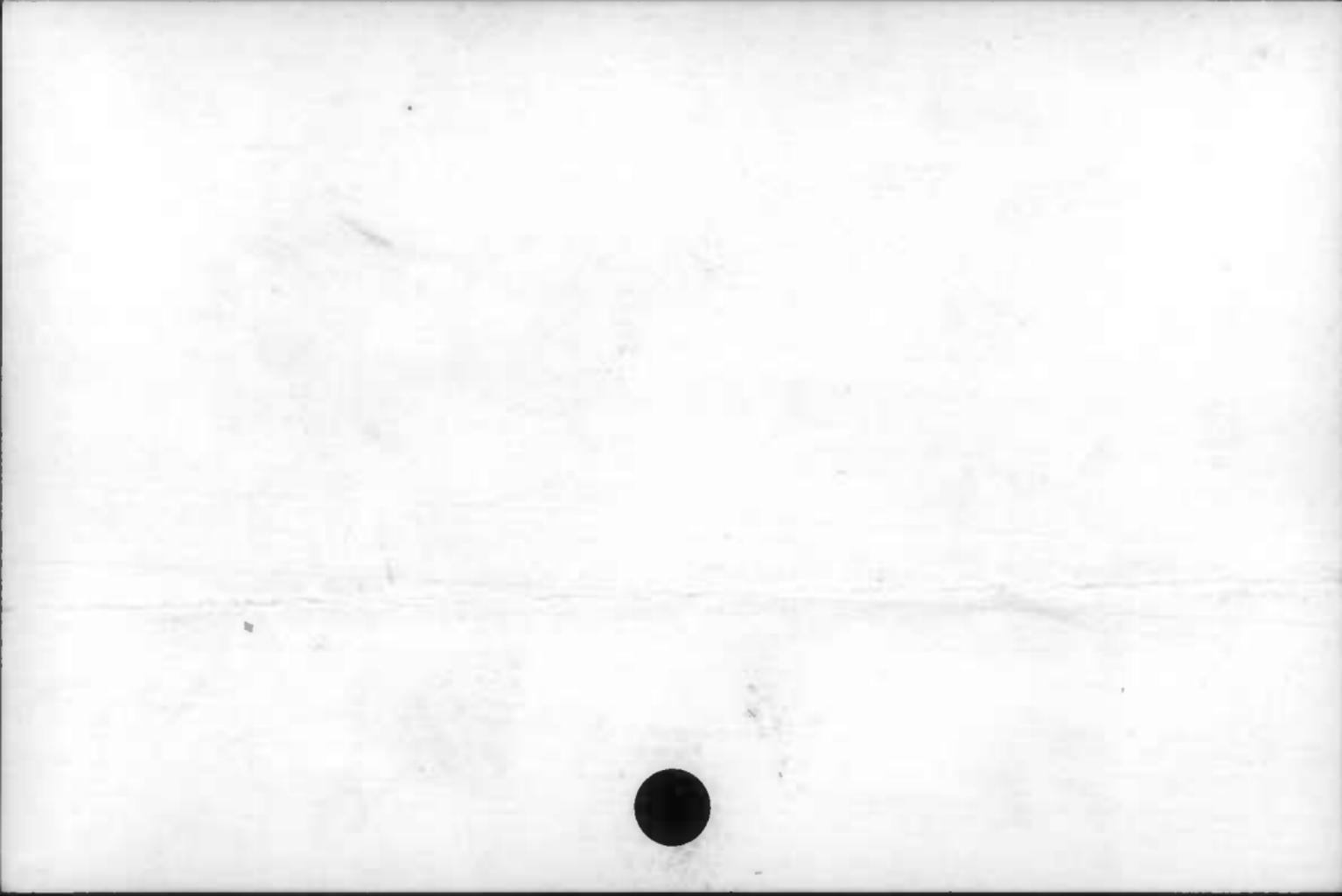
Address

J. D. Poffenberger  
Hagerstown, Md.

Accident or Suicide

M

CERTIFICATE OF DEATH



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Leah Jane Hagerstown

Died at Hagerstown  
Date of death 1960 Month 3 Day 5

Sex Female Color or Race White

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Widow

Widow

Bethel

Mother's Maiden Name

Samuel

Bogers

Mo

Name of person giving Information

Rachael

Thur

Mo

Mrs

Eyles

Daughter

CAUSES OF DEATH

Primary

General Debility  
Cardiac Factor

154

How long

Immediate

4 week,  
8 hour.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Holmesley,  
Hagerstown,  
Md.

Accident or Suicide

CERTIFICATE OF DEATH

MARYLAND

Potts Washington  
County  
Age 66 Months 11 Dey 23  
Color White Birth-place Md

J. M. Matukino

Name  
in  
Full

Nellie. Pryor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown

Town \_\_\_\_\_ County Sparslington  
Date Month Day Years Months Days  
of death 19<sup>0</sup> 8 26 - - - -

Sex Female Color or Race White

Occupation

House wife

Where Residing if not  
at place of death

Birth-place Holprville

Sundsbury

Married, Single  
or Widowed Married Name of Wife or  
Husband

Oliver. R. Pryor.

Father's Name Robert Hessey

Father's Birthplace Holprville

Mother's Maiden Name Fannie Supple

Mother's Birthplace Holprville

Name of person giving  
Information Haller. Pryor.

How related  
to deceased Brother-in-Law

CAUSES OF DEATH

Primary Puerperal infection

137

How long

✓  
5 days

Immediate Peritonitis

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above? ?

Signature of  
Physician

Address

Regina Woods, Dr.  
Hagerstown, Md.

Accident or Suicide

PHYSICIAN  
OR CORONER

G. B. Bonner

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Julia C. Pursnell.				CERTIFICATE OF DEATH			
Town		County		MARYLAND			
Died at	Hancock	Washington		Months		Days	
Date of death	1910	Month Mar.	Day 21	Age 39	1	13	
Sex	Female.	Color or Race	White	Birth-place	Bedford Co Pa.		
Occupation	Housewife.		Where Residing if not at place of death	Died at Home.			
Married, Single or Widow	Married	Name of Wife or Husband	Joseph F. Pursnell.				
Father's Name	Mathew Bowman.		Father's Birthplace	Pa.			
Mother's Maiden Name	Elizabeth Toole.		Mother's Birthplace	Pa.			
Name of person giving Information	Joseph F. Pursnell		How related to deceased	Husband.			

Steges.

CAUSES OF DEATH

Primary

Tuberculosis

29

How long

2 Years

Immediate

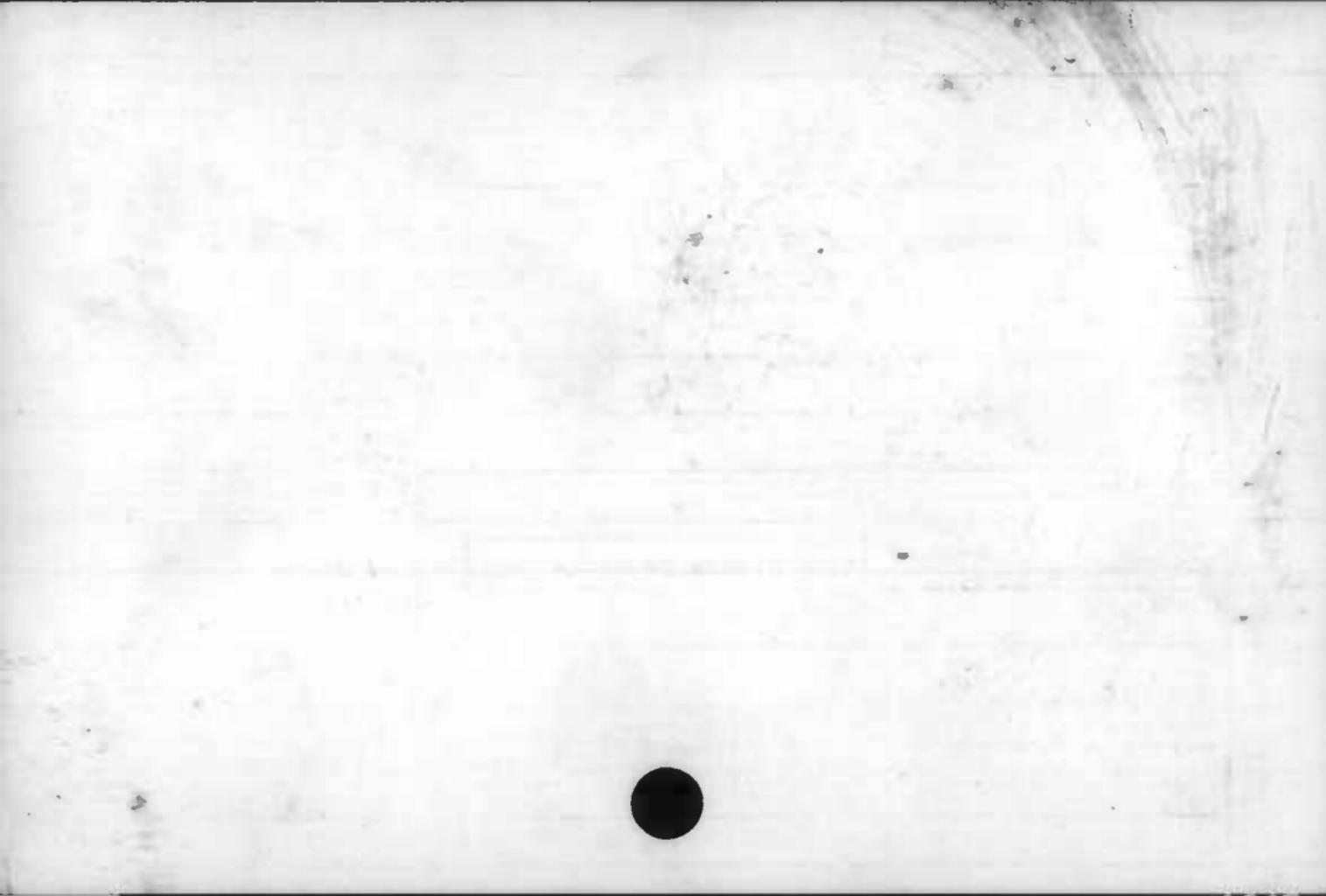
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. Steges,  
Hancock,  
Md.

Accident or Suicide



Name  
in  
Full

Still born

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown

Town

Date of death 1900 Mar.

Month

Day

County

Pye Washington

MARYLAND

Month

Days

Sex Female

Color or  
Race

Colored

Birth-  
place

Hagerstown Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Chas. & Pye

Father's  
Birthplace

Clearspring Md

Mother's  
Maiden Name

Sydia Monday

Mother's  
Birthplace

" " " Md

Name of person giving  
Information

Chas & Pye

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Still Born

8.  
How long

Still Born

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. E. Pittsoogle H O

Hagerstown  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER

S. E. Ford

Name  
In  
Full

Mrs Fannie Reed

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Jacob Reid			
Father's Name	John Troxel	Father's Birthplace	Md		
Mother's Maiden Name	Fannie Herr	Mother's Birthplace	Pa		
Name of person giving Information	Harriot Conrad	How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Infirmity of age

154

How long

Two months

Immediate

Heart failure

How long

48 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

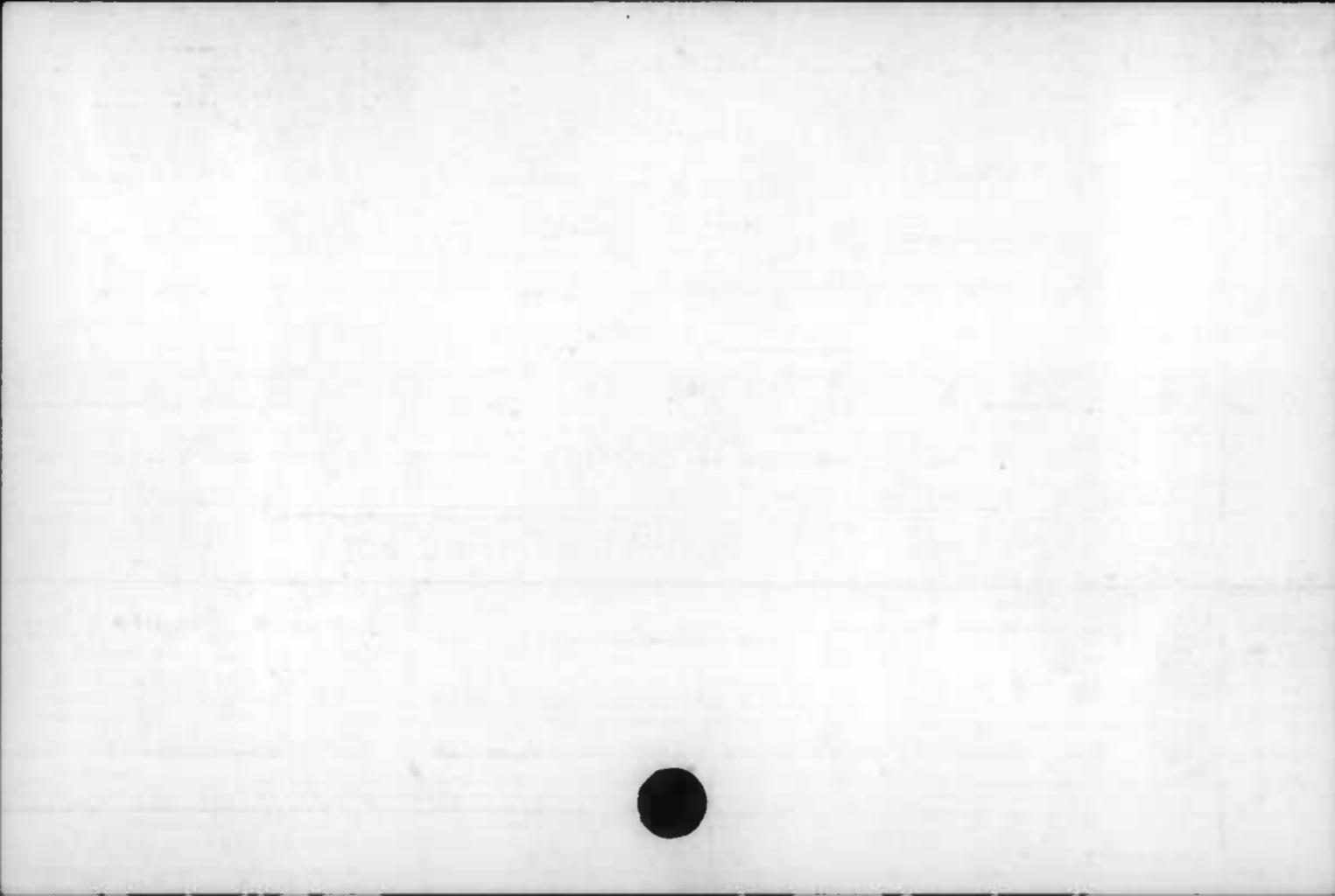
Abraham Shank

Clearspring

Washington County



Accident or Suicide?



Name  
in  
Full

Robert Renekhart Rohrer

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Beaver Creek	Washington Co	
Date of death	Month	Day	Years
1940	March	2 <sup>nd</sup>	Age
Sex	Male	Color or Race	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Frank D Rohrer		
Mother's Maiden Name	Daisy Ellen Renekhart.		
Name of person giving information	Mellie May Spessard Aunt.		

CAUSES OF DEATH

109

116

Primary Intestinal Haemorrhage.

3 days

Immediate Asthma.

How long

Are the name, age, sex, color, date and place correctly given above?

yes

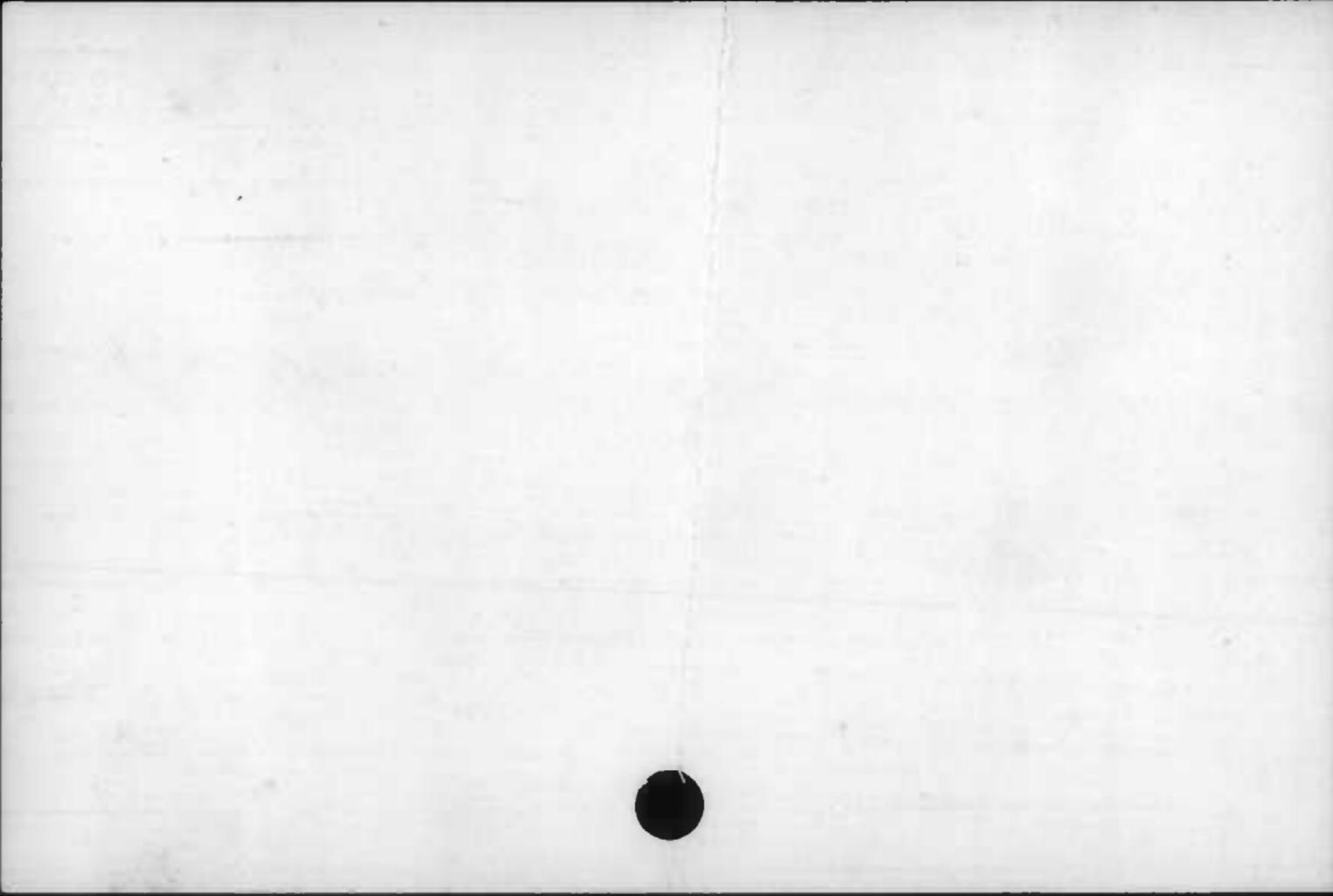
Signature of Physician

Address

J. D. Quinn MD.  
Baltimore  
Md., Co. Md.

H  
PHYSICIAN OR CORONER

Accident or Suicide?



Name  
in  
Full

Miriam Bertha Rosenberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Hagerstown

County  
Mass.

MARYLAND

Date  
of death 1970 Mar. 30

Month Day  
Age — Years

Months Days  
3 21

Sex Female

Color or  
Race

Jewish

Birth-  
place

Hagerstown

Occupation —

Where Residing if not  
at place of death —

Married, Single  
or Widowed Single

Name of Wife or  
Husband

Father's  
Name Samuel Rosenberg

Father's  
Birthplace Germany

Mother's  
Maiden Name Hilda Yerber

Mother's  
Birthplace Russia

Name of person giving  
Information J. H. Yerber

How related  
to deceased Grand father

CAUSES OF DEATH

Primary Bronchi-Pneumonia

91

few days

Immediate Meningitis

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above? Yes

Signature of  
Physician

Address

J. H. Walz  
Hagerstown - Md.

PHYSICIAN  
OR CORONER

I

Accident or Suicide? —

Ben Berkow

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Eduard Rowe.

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Month

Day

County

Years

Months

Days

Date  
of death 1960

3

7

Age

80

1

6

Sex

Male

Color or  
Race

White

Birth-  
place

Ireland

Occupation

Labour

Where Residing if not  
at place of death

Smithsburg Md.

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

None

Father's  
Name

Unknown.

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

David. Recher.

How related  
to deceased

none.

CAUSES OF DEATH

Primary

Pneumonia

92

✓

How long

10 days

How long

Immediate

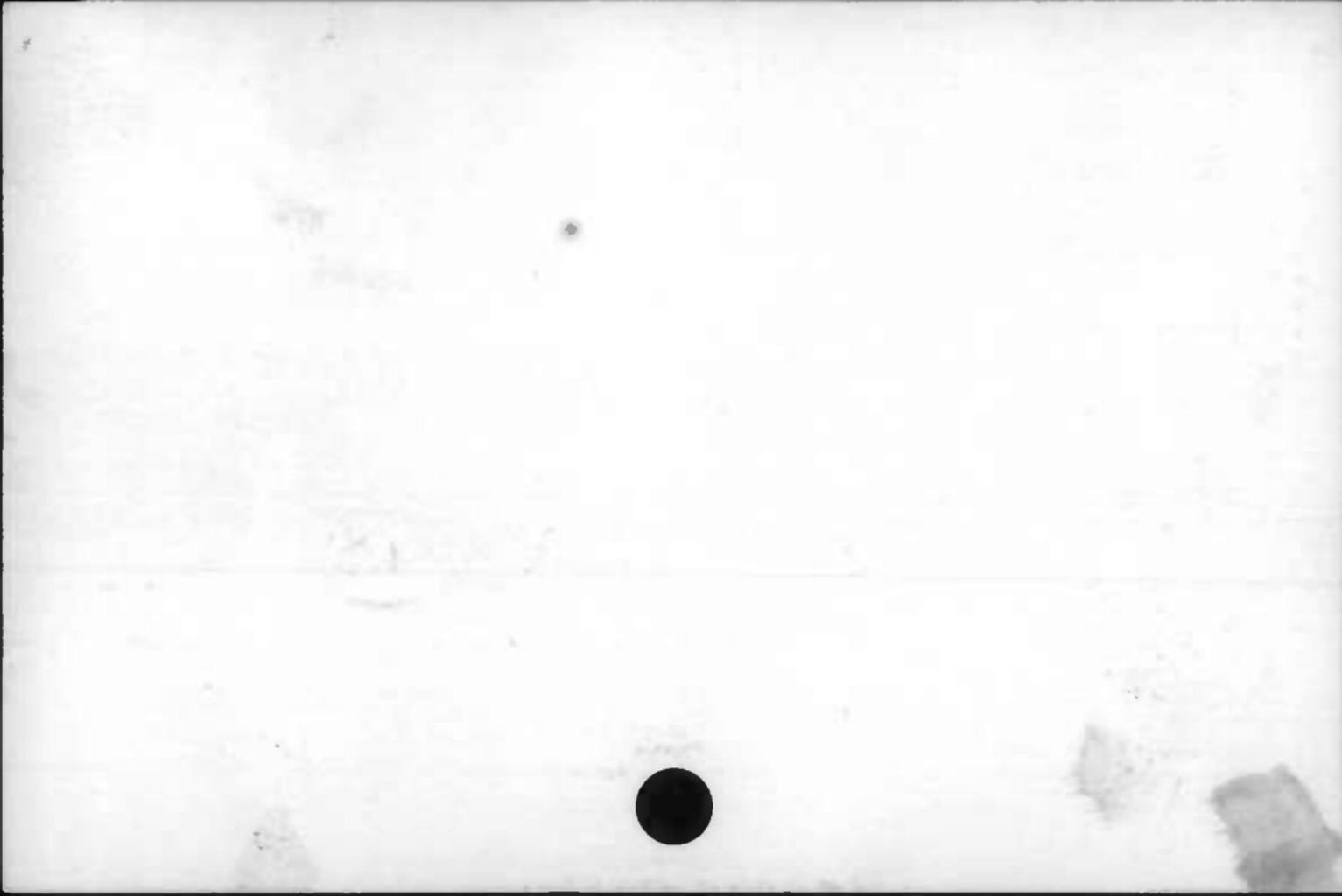
Yes

Signature of  
Physician

Address

O'Farrish MD.  
Smithsburg

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Elias Rowland

CERTIFICATE OF DEATH

Died at Hagerstown Washington

MARYLAND

Date of death 1960 Month Mar Day 26 Age 71 Years Months — Days —

Sex Male Color or Race White

Birth-place MD

Occupation Retired Farmer Where Residing if not at place of death

SD

Married, Single or Widowed Widower Name of Wife or Husband

Catharine Kotyzer

Father's Name Christopher Rowland

Father's Birthplace Germany

Mother's Maiden Name Don't know

Mother's Birthplace Don't know

Name of person giving Information Mrs Sallie Baker

How related to deceased Daughter

CAUSES OF DEATH

Primary Fatty degeneration of heart

79

Immediate Hypostatic Pneumonia with Congue Thalas

How long 10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

No.

Dr. Wagaman  
Hagerstown Md

Accident or Suicide

Dr. W. G. Loffman

A. K. Loffman

Preston Lee

A. K. Loffman

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary E. Rosaland						CERTIFICATE OF DEATH				
Died at		Town	Washington		County	MARYLAND				
Date of death	190	Month	3	Day	21	Age	70	Years	Months	Days
Sex	Fernal		Color or Race	White		Birth- place	Md			
Occupation	John Hawland									
Married, Single or Widowed	Vidette		Name of Wife or Husband				Father's Name	Charles L. Gelwick		
Mother's Maiden Name	Mary L. Snyder					Father's Birthplace	Pa			
Name of person giving Information	Charles Gelwick					Mother's Birthplace	Md			
Primary	Pulmonary		Tuberculosis			How related to deceased	Stepson			
Immediate	2		3			How long	1 year			
Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician	Dr. Mueller Jr.			
Address										
Accident or Suicide	No									

Rose Hill

J. M. Watkins

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H

Golo Pearl Sagle

CERTIFICATE OF DEATH

MARYLAND

Died at Hagerstown

County Washington

Town

County

Date Month Day

Years Months Days

of death 1900 3 16

Age 26 5

Sex Female Color or Race

Birth-place Md

Occupation Housewife

Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

John W

Father's Name Brinkham

Bethel Hill

Mother's Maiden Name Emma Statler

Statler

Name of person giving Information Brinkham Wolfhins

Father

CAUSES OF DEATH

Primary Pulmonary Tuberculosis

28

How long

Immediate

years (?)

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Carl Miller, Jr.  
Reg. me

Accident or Suicide

No

J. M. Watkins

Name  
in  
Full

Charles L. Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Hagerstown	County	MARYLAND									
Date of death	1910	Month	3	Day	29	Years	33	Months	4	Days	4	
Sex	male	Color or Race	white	Birth-place	Penna.							
Occupation	Butcher	Where Residing if not at place of death										
Married, Single or Widowed	Single	Name of Wife or Husband										
Father's Name	Lambert Sanders	Father's Birthplace	Pa.									
Mother's Maiden Name	Catherine Shank	Mother's Birthplace	..									
Name of person giving Information	P. Parke Geiger	How related to deceased	brother-in-law									

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

28

How long

Immediate

Exhaustion

6 Months

2 Months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. K. Dey, M.D.  
Hagerstown  
Md.

Accident or Suicide

S.M. Endicott Son

K. M. Luther & Son.  
W. Ryerson

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Harvey Ellsworth Smith						CERTIFICATE OF DEATH	
Died at Hagerstown			County Washington			MARYLAND	
Date of death 1900	Month 3	Day 26	Age 25	Years	Months 3	Days	
Sex Male	Color or Race White		Birth-place Md				
Occupation Painter	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband Anna C. Grester						
Father's Name Salvin Smith			Father's Birthplace Md				
Mother's Maiden Name Assie Maringstan			Mother's Birthplace Md				
Name of person giving information Central Smith			How related to deceased Sister				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute Miliary Tuberculous Pulmonary

25 ✓

How long

5 weeks -

Immediate

Exsanguination

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Wertz  
Hagerstown - Md



Accident or Suicide? ✓

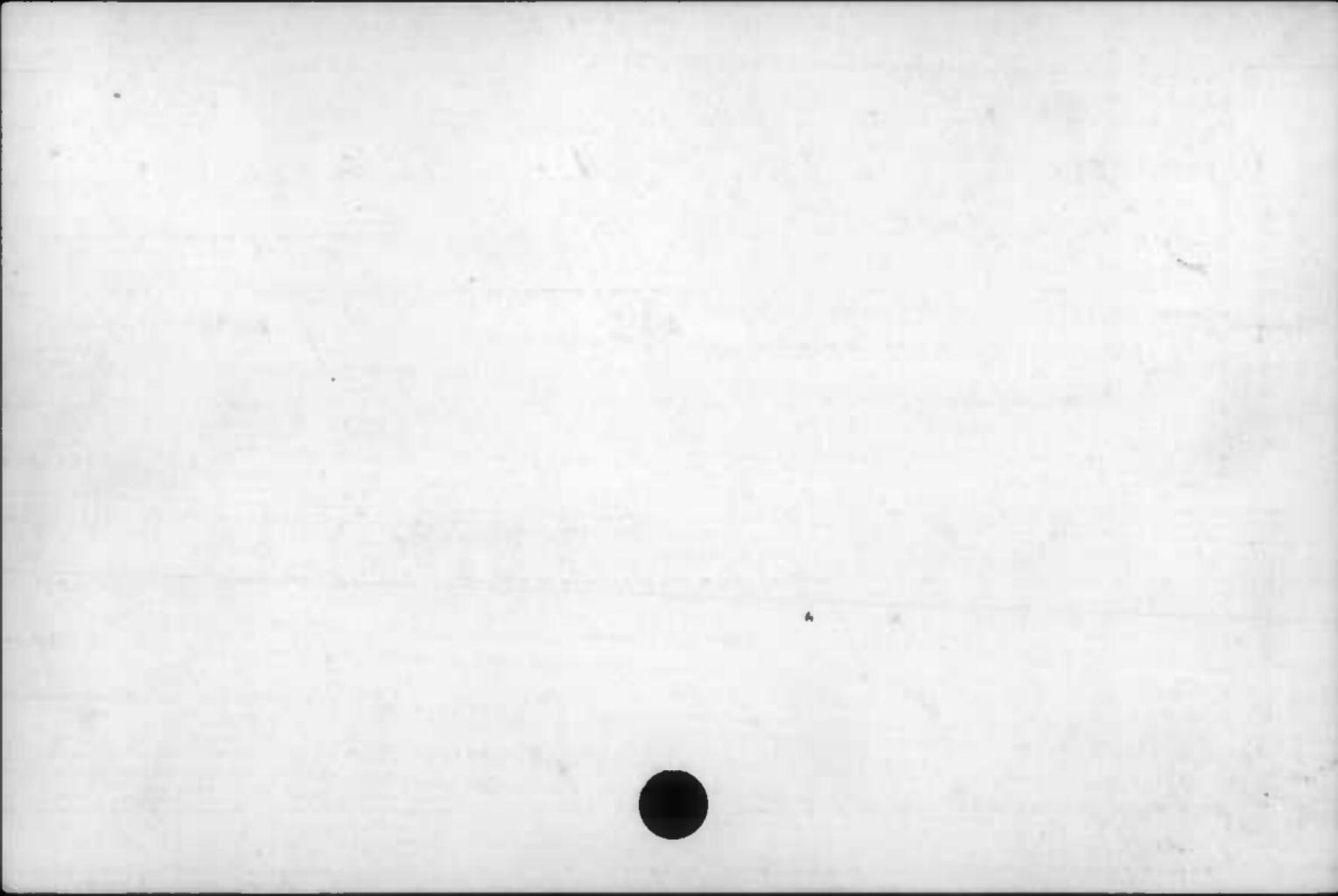
Watkins  
Brook Hill

J.M. Watkins

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full				Spieldmoss				CERTIFICATE OF DEATH		
PHYSICIAN OR CORONER  H	Died at	Town	County					MARYLAND		
	Date of death 1900	Month Mar.	Day 28	Age 76	Years	9	Months	8	Days	
	Sex Female	Color or Race White					Birthplace	Funkston		
	Occupation House Wife	Where Residing if not at place of death				Funkston				
	Married, Single or Widowed Widower	Name of Wife or Husband					Funkston			
	Father's Name Richard Welsh					Father's Birthplace No.				
	Mother's Maiden Name Margaret Gove.					Mother's Birthplace No.				
	Name of person giving information Rose E Long					How related to deceased Daughter				
	CAUSES OF DEATH								(66)	1
Primary Paralysis					How long 3 years					
Immediate Heart Failure					How long 12 Hours					
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		C. J. Townsend				
Yes				Address		Funkston				
Accident or Suicide?						Yes				



Name  
in  
Full

Dimpie Spracher

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town  
Tilmington

County  
Washington

MARYLAND

Date of death 1910 Month 3 Day 15 Years 16 Months 7 Days 11

Sex Female

Color or Race

White

Occupation None

Where Residing if not  
at place of death

Married Single  
or Widower

Name of Wife or  
Husband

Father's Name

William Spracher

Father's Birthplace

Tilmington

Mother's Maiden Name

Mary Smith

Mother's Birthplace

Tilmington

Name of person giving  
Information

Mary Spracher

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Puerperal Eclampsia

138

Immediate

How long

About 2 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. H. Gardiner  
Sharpesburg - Md.

PHYSICIAN  
OR CORONER

Accident or Suicide

G E Sumner & Son

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mrs Mary E. Stauffer

Town

County

Died at

Hagerstown Washington

MARYLAND

Date  
of death

1900

Month

3

Day

11

Age

Years

63

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Shoe Dealer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widow

Name of Wife or  
Husband

Jeremiah Stauffer

Father's  
Name

Andrew

Marr

Father's  
Birthplace

Md

Mother's  
Maiden Name

Elizabeth Bonberger

Mother's  
Birthplace

Md

Name of person giving  
Information

Andrew Marr

How related  
to deceased

Bro

## CAUSES OF DEATH

Primary

Apoplexy

64

v

Sudden

Immediate

Ephauton

How long

Stab 4

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

yes

Mary E. Stauffer MD  
Hagerstown Md

Yes

Accident or Suicide

S. M. Watkins

Name  
in  
Full

James Harvey Taylor.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at Noancoces	County Starlington	MARYLAND
Date of death 1910 Mar. 29	Month Day Age 76	Years Months Days 3 2 28.
Sex Male.	Color or Race White	Birth- place Penna.
Occupation Retired Farmer.	Where Residing if not at place of death Died at Home.	
Married, Single or Widowed Married	Name of Wife or Husband Margaret Gregory.	Father's Name John Taylor.
Mother's Maiden Name Sarah M. Carrigan.		Mother's Name Penna.
Name of person giving Information J. M. Taylor		Father's Birthplace Penna.
		How related to deceased Son.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

3 days

Immediate

Aphrodisia

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

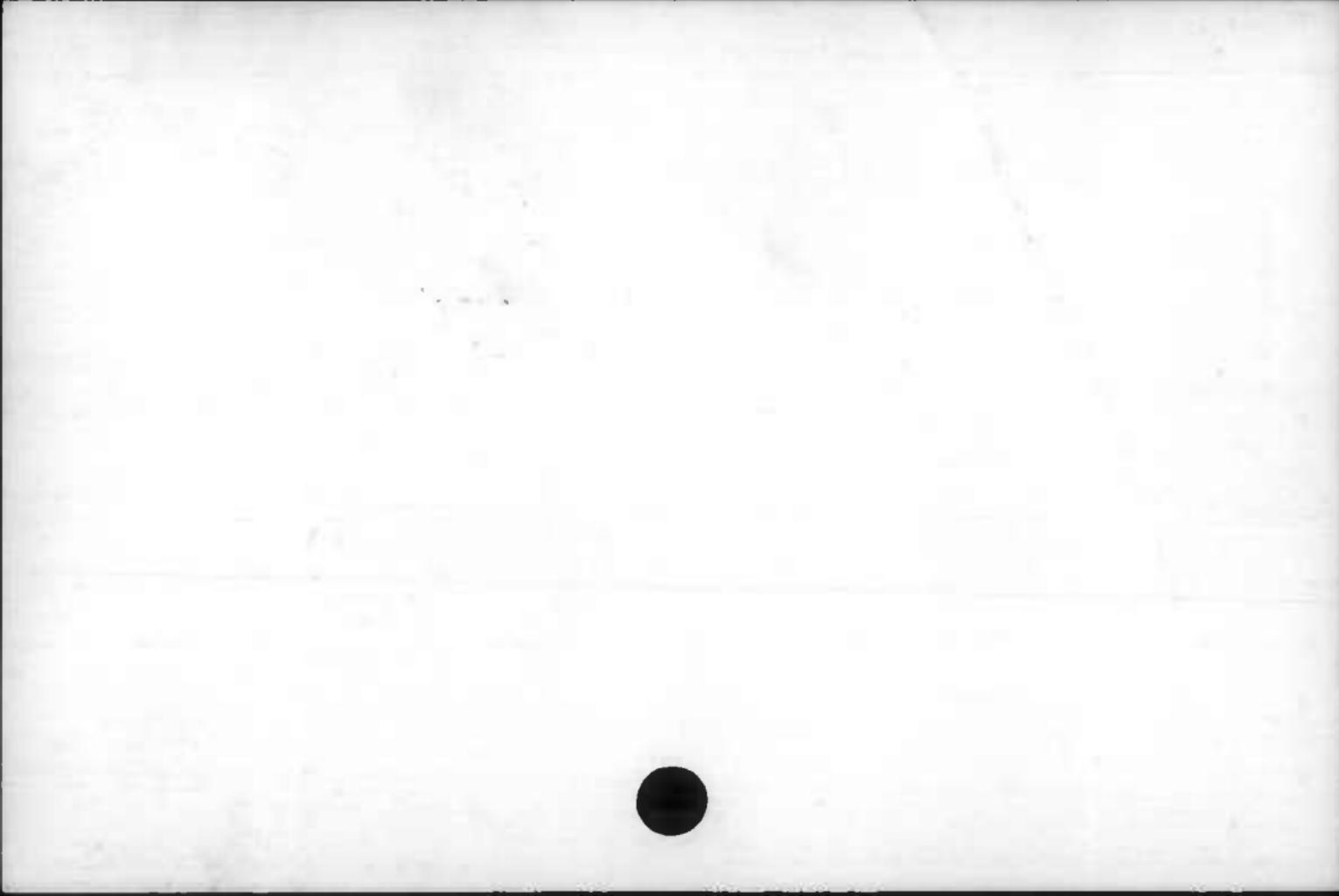
Address

J. M. Taylor.  
Hancock, Md.

How long

Accident or Suicide

No



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at <u>Antietam</u>		Town	County <u>Washington</u>		MARYLAND		
Date of death <u>1960</u>	Month <u>Mar.</u>	Day <u>19</u>	Age <u>65</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Mercersburg, Pa</u>					
Occupation <u>Blacksmith</u>	Where Residing if not at place of death <u>_____</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary B. Tracy</u>						
Father's Name <u>Peter Tracy</u>	Father's Birthplace <u>unknown</u>						
Mother's Maiden Name <u>Mary Knowles</u>	Mother's Birthplace <u>unknown</u>						
Name of person giving information <u>Jacob H. Tracy</u>	How related to deceased <u>Son.</u>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Organic Heart Disease

79 ✓  
How long Years

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

E. W. Garrett,  
Shenksburg, Ind.

Accident or Suicide?

Chas. S. Nade  
undertaken

Name  
in  
Full

Joseph Thomas Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town & Neck <i>Old Poplar Farm</i>		County <i>Washington</i>	MARYLAND	
Date of death 1910	Month <i>Aug</i>	Day <i>1</i>	Years <i>64</i>	Months <i>4</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Engelton W Va</i>			
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Martha Ellen Davis</i>			<i>Wife</i>		
Father's Name <i>Geo. Wm. Turner</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Elizabeth Pool</i>			Mother's Birthplace <i>Don't know</i>		
Name of person giving information <i>Martha E. Turner</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever.</i>	1	How long <i>Six weeks.</i>
Immediate <i>Weak heart. Heart failing</i>		How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr. P. Pickard George</i>	
	Address <i>Williamsport Md</i>	
Accident or Suicide? <i>No.</i>		

Mar. 5<sup>th</sup> 1910

J. F. Kreps  
Undertaker  
Internment Hard Scrabble Cemetery.  
Berkeley Co. W. Va.

Name  
in  
Full

unnamed infant

Wafferville

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town

County

Died at

Month

Day

Years

MARYLAND

Date  
of death 19

60

Month

March

Day

8

Years

0

Months

0

Days

0

Sax

Male

Color or  
Race

white

Birth-  
place

Dowsville

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

John Wafferville Jr

Father's  
Birthplace

near Md.  
Dowsville

Mother's  
Maiden Name

Aletha Roberts

Mother's  
Birthplace

Montgomery  
County

Name of person giving  
Information

Father John Wafferville

How related  
deceased

Father

CAUSES OF DEATH

Primary

Stillborn

8

How long

Immediate

-

-

Are the name, age, sex, color,  
date and place correctly given above?

yes.

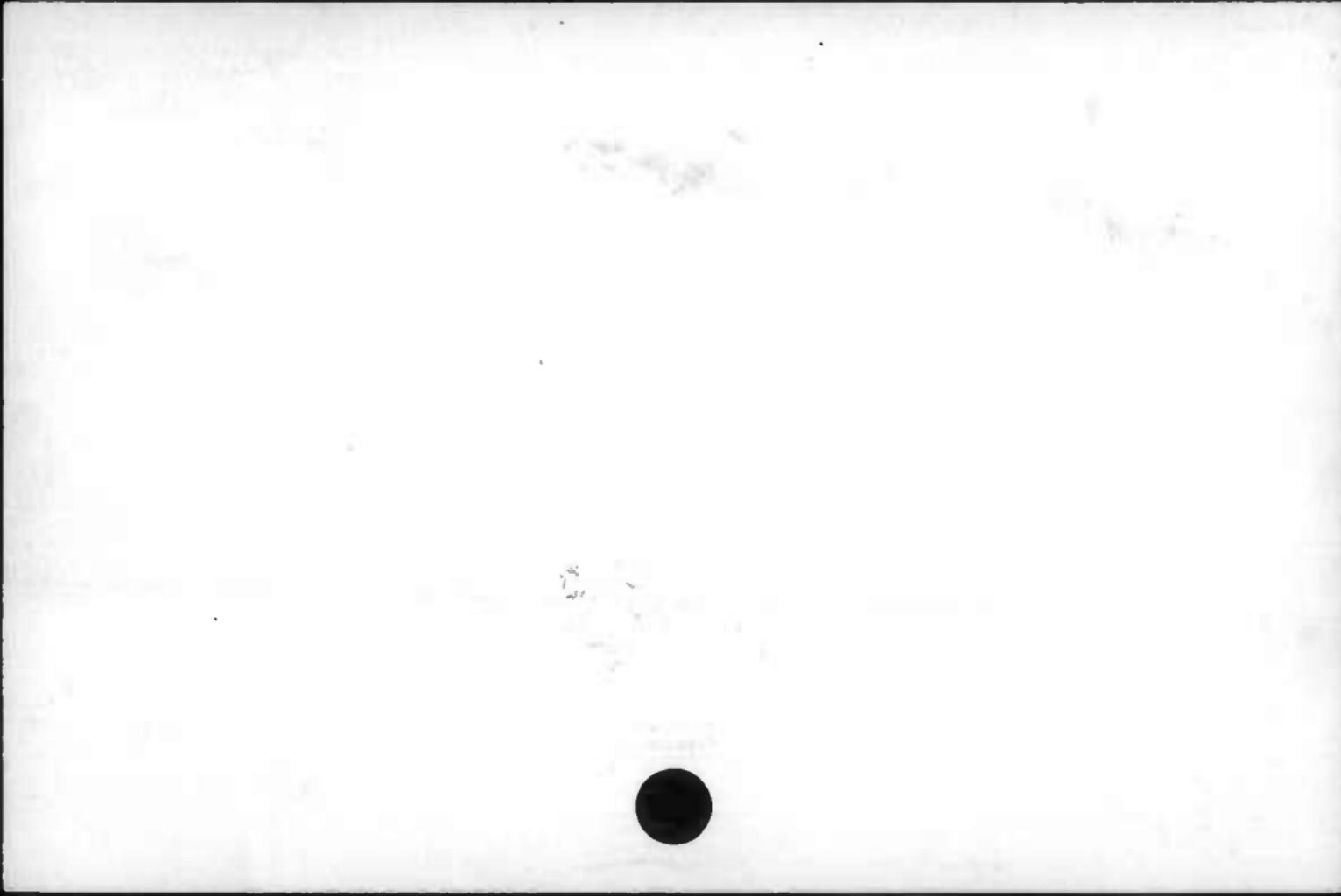
Signature of  
Physician

Address

Dr Richardson  
Williamsport Md.

Accident or Suicide

70



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

James W. Wagner  
Died at Hagerstown Wash.

MARYLAND

Date of death 1900 Month 3 Day 16 Age 61 Months 4 Days 20

Sex male

Color or Race

white

Birth-place

Pennsylvania

Occupation

Printer

Where Residing if not  
at place of death

Wash. D. C.

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Fancy J Wagner

Father's  
Birthplace

Pennsylvania

Father's  
Name

Alfred Wagner

Mother's  
Maiden Name

Isabella Miller

Mother's  
Birthplace

Pennsylvania

Name of person giving  
Information

Mrs C. H. Spangler

How related  
to deceased

daughter

## CAUSES OF DEATH

3Q

How long

6 mo. I

How long

6 days

Signature of  
Physician

Peregrine Wroth, Jr.

Address

Hagerstown Md.

Primary

Tuberculosis of vertebra. Psoas abscess.

Immediate Tuberculosis meningitis

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide

L.M. Sutera <sup>Ma</sup> Son

Name  
in  
Full

Jacob E. Wakemight

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
84 James		Wash.	
Date of death	Month	Day	Years Months Days
1910	3	29	Age 41
Sex	Color or Race	Birth-place	
male	white	Ind.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
married	Lillie Wakemight		
Father's Name	Father's Birthplace		
William Wakemight	Md.		
Mother's Maiden Name	Mother's Birthplace		
Louisa Crum	Md.		
Name of person giving information	How related to deceased		
Lillie Wakemight	wife		

CAUSES OF DEATH

Primary

Pneumonia

Infective

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S. W. Doganian  
Hagerstown  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



L.M. Sutler & Son

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Poy. Larwillie West  
Weston

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Westeron	Washington		
Date of death 1950	Month 3	Day 26	Years
			Age
Sex Male	Color or Race White	Birth-place Md	Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name Harry West	Father's Birthplace Md		
Mother's Maiden Name Sallie Bingham	Mother's Birthplace Md		
Name of person giving information David Bingham	How related to deceased Male		

CAUSES OF DEATH

151

How long

2 Weeks

How long

Primary

Inanition

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. J. Martin,  
Brownsville  
Md

Accident or Suicide?

Instrument - at Knoxville.  
6 X Feet. Under taken

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George Bron-dell Hindur

CERTIFICATE OF DEATH

MARYLAND

Died at Beard's Church

County  
Washington

Date  
of death 1900

Month  
3

Day  
14

Years  
1

Months  
2

Days  
14

Age  
1

Sex Male

Color or  
Race

White

Birth-  
place Beard's Church

Occupation

None

Where Residing if not  
at place of death

near Beard's Church

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

Geo. W. Hindur

Father's  
Birthplace Beavercreek.

Mother's  
Maiden Name

Anna Mary Shank

Mother's  
Birthplace Smithsburg

Name of person giving  
Information

Annie Mary Hindur

How related  
to deceased Mother

CAUSES OF DEATH

Primary

Broncho Pneumonia

91

New long

10 days

Immediate

Spinal meningitis

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. M. K. Farmer  
Smithsburg  
Md

Accident or Suicide



Name  
in  
Full

Still Tom.

Wishard

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Fair View Town	County	MARYLAND
Date of death	1910 Month	Day	Years Months Days
Sex	Male	Color or Race	white
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John J. Wishard	Father's Birthplace	Pa
Mother's Maiden Name	Mary Alice Trounspower	Mother's Birthplace	Md
Name of person giving information	John J. Wishard	How related to deceased	Father
CAUSES OF DEATH		5	

PHYSICIAN  
OR CORONER

Primary Premature separation of placenta How long

Immediate Asphyxia in utero How long

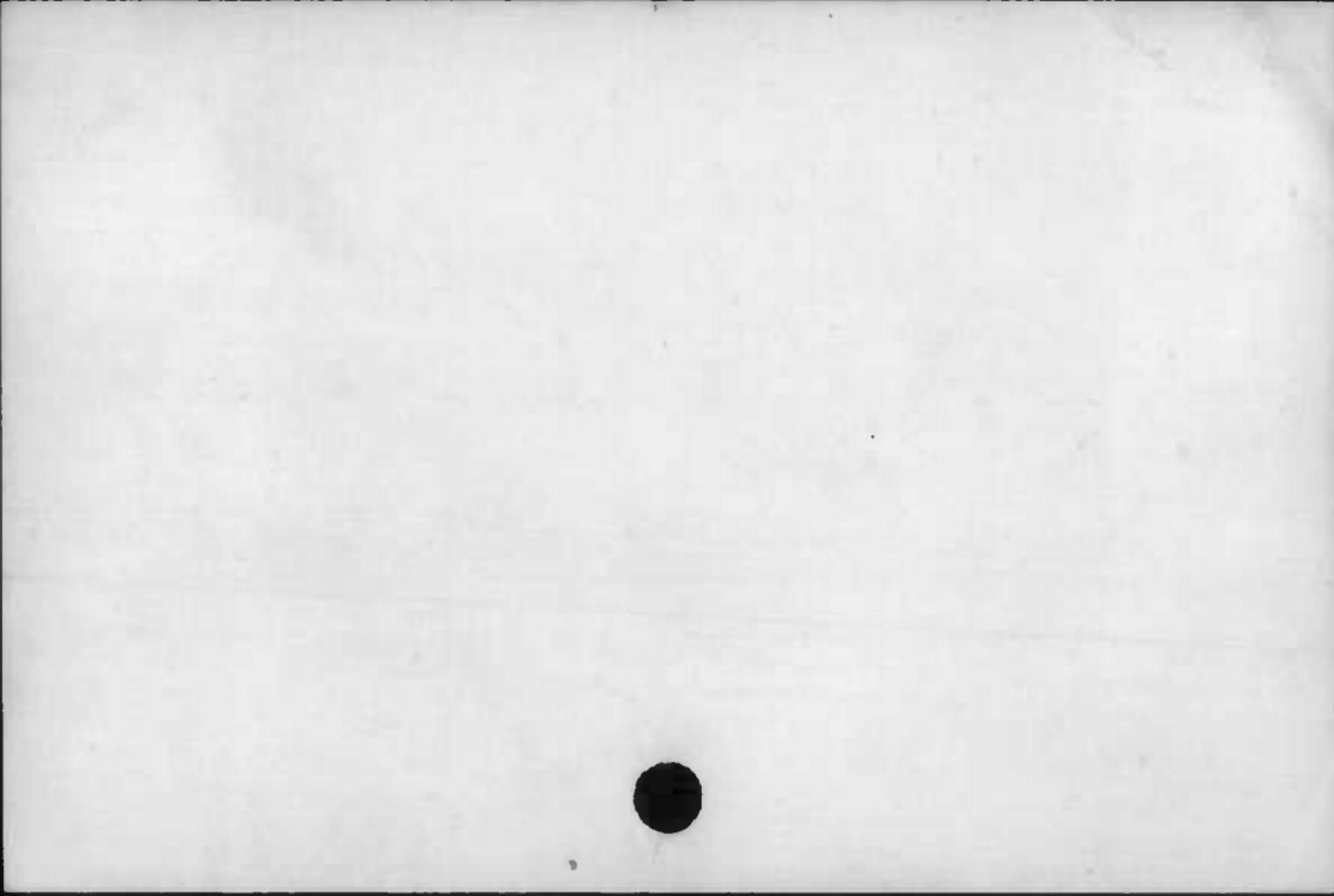
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P. W. McLaughlin  
Welch Run Pa

Accident or Suicide? No



Name  
in  
Full

Mary Alice Wishard, Infant Son  
C O M P L E T E D  
TOWN: Fairview COUNTY: Washington  
STATE: MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Date of death 1960	Month March	Day 17	Age 39	Month 11	Days 25
Sex Female	Color or Race White	Birthplace Md			
Occupation Housewife	Where Residing if not at place of death				
Married, Singl. or Widowed	Name of Wife or Husband	John D. Wishard	Father's Birthplace	Md	
Father's Name	Jacob Trumpler	Mother's Birthplace	Pa		
Mother's Maiden Name	Mary Mills	How related to deceased	Husband		
Name of person giving Information	J. J. Wishard	How long	3 hours		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Child birth

Immediate Uterine Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

P. W. McLaughlin

Address

Welke Run  
Pa

Accident or Suicide

135

How long

3 hours

How long

3 hours

Leonard Trumfauer Milled

Othe Shives

"

~~1961~~  
~~1961~~  
1961

Mar 22 1970

Name  
in  
Full

Annie Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Months Daya
Sex	Color or Race	Age Two Hours	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Leslie Wolf	Father's Birthpiece	Unknown
Mother's Maiden Name	Annie Ronaldson	Mother's Birthpiece	Smithsburg, Md.
Name of person giving Information	Blanche Ferguson	How related to deceased	Sister

CAUSES OF DEATH

Primary

Cyanosis Neonatorum

152

How long

Two Hours

Immediate

Are the name, age, aex, color, date and place correctly given above?

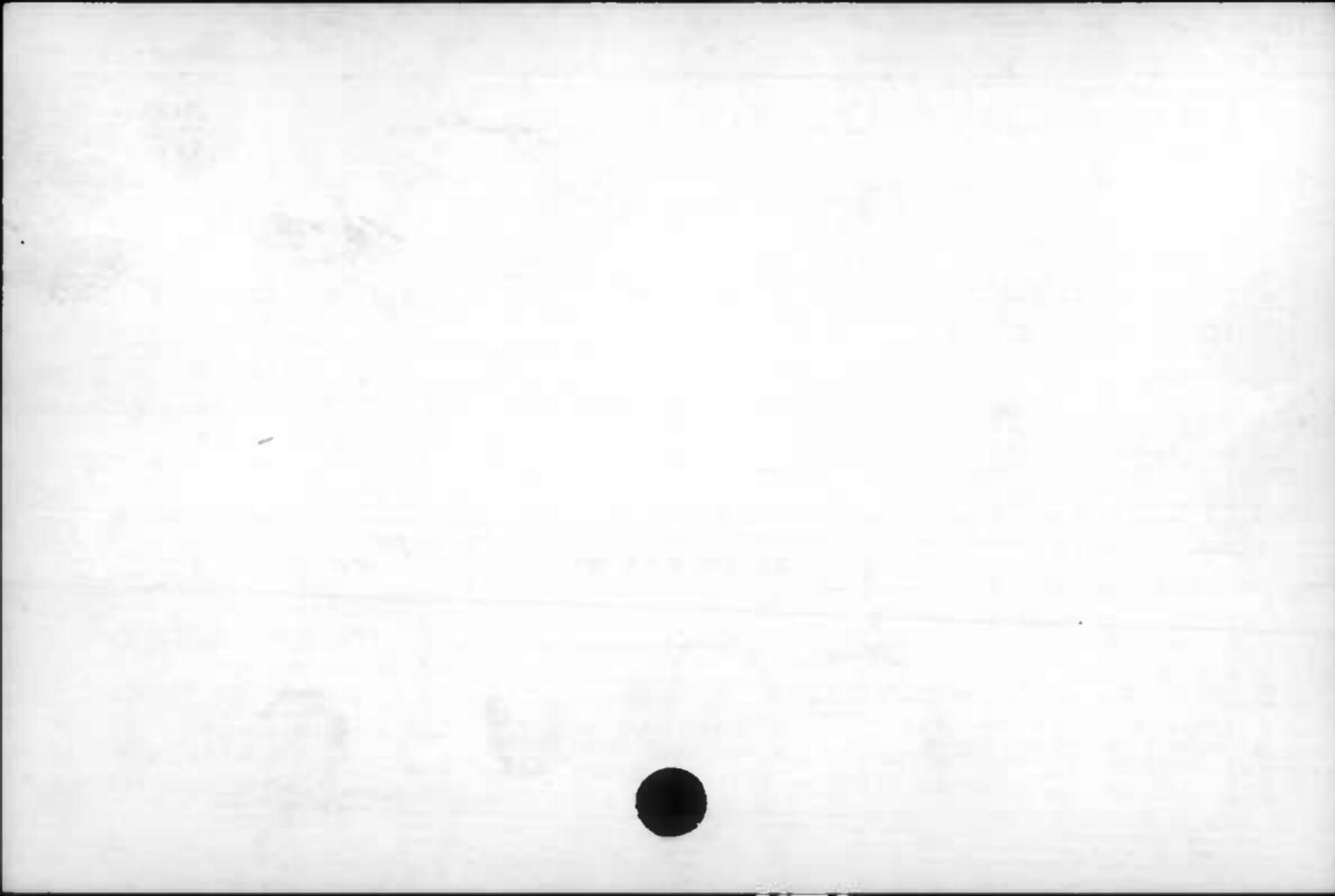
Yes

Signature of Physician

Address

Joseph Probyn  
Smithsburg  
Md.

Accident or Suicide



Name  
in  
Full

Dlem Woods

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County		MARYLAND	
Died at	Washington			
Date of death 1900	Month March	Day 29	Years Age 47	Month — Day —
Sex male	Color or Race	Colored		
Occupation laborer	Where Residing if not at place of death			
Married, Single or Widowed single	Name of Wife or Husband			
Father's Name Unknown	Father's Birthplace Unknown			
Mother's Name Unknown	Mother's Birthplace Unknown			
Name of person giving Information Alexander William	How related to deceased friend			
CAUSES OF DEATH				
Primary Heart Lesion	79 How long one hour			
Immediate Heart Failure	How long sudden			

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. E. Pittsburgh St. O.  
Hagerstown  
Md.

Accident or Suicide

S. E. Ford.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

William G Young  
Town Paramount County Washington

MARYLAND

Died at

Month

Day

Years

Months

Days

Date  
of death

1960

3

22

Age

57

3

26

Sex Male

Color or  
Race

White

Birth-  
place

Md

Occupation Retired Farmer

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Martha Glynn

Father's  
Birthplace

Md

Father's  
Name

George Young

Mother's  
Maiden Name

Catherine Rhodes

Mother's  
Birthplace

Md

Name of person giving  
Information

Martha Young

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Bright's

120

How long

1 1/2 years

Immediate

Uremic Poisoning

How long

48 hours

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

A. Shampur  
Hagerstown  
Md

No

Accident or Suicide

Coffman  
Long Meadow.  
A.K. Coffman

Name  
in  
Full

Elizabeth R. Zille

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	63 -	5 -	28
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Josieh Zille			
Father's Name	William Lapole				
Mother's Maiden Name	Mary Purdy				
Name of person giving information	Laura Lapole				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer Pneumonia		93	6 days.
Immediate	Heart Failure, Syncope		How long	Sudden.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. Hubert Wade M.D.	
		Address	Boonsboro, Md.	
Accident or Suicide?	No			

Brimig & Bart

undertakers

